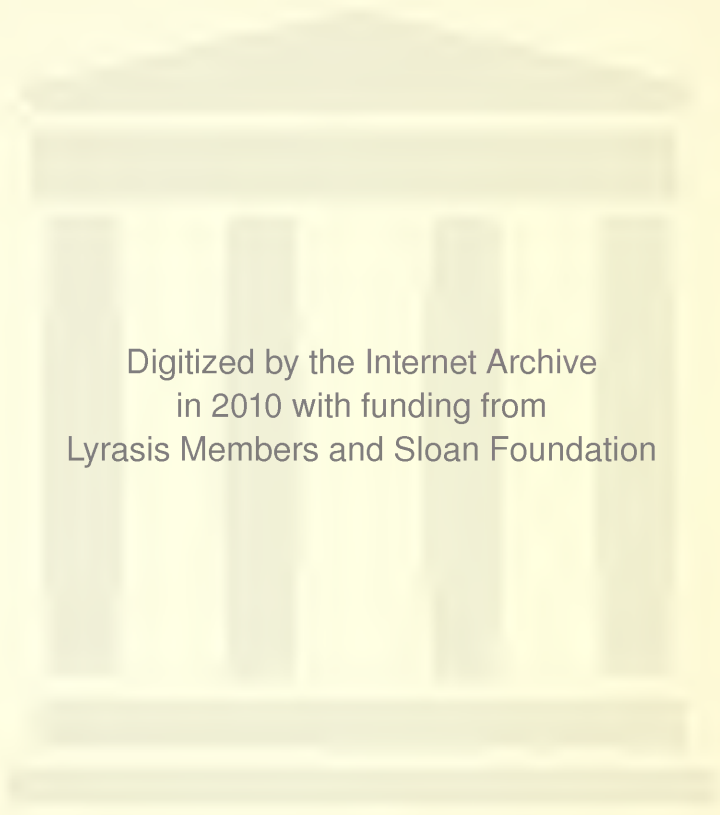


THE CHILD GUIDANCE CLINIC
AND THE COMMUNITY

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THE CHILD GUIDANCE CLINIC AND THE COMMUNITY

*A group of papers written from the viewpoint
of the clinic, the juvenile court, the school,
the child welfare agency, and the parent*

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FOREWORD

THE widespread establishment of child guidance clinics has been due to a growing appreciation of what may be accomplished through applying the principles of mental hygiene to the study and treatment of children who present problems of behavior and personality. Attention was naturally focused first on the value of the clinic, with its coordinated service of psychiatrists, psychologists, and social workers, to the children concerned. More recently, however, members of the various professional groups and laymen interested in this service to children have become aware that its effectiveness depends largely upon community understanding of the clinic's function and the proper adjustment of the relationships between the clinic and the various agencies with which it co-operates.

The papers brought together in this pamphlet present a discussion of the function and relationships of the clinic as part of the organized social effort of the community. In the expression of their views, the authors have written in the light of their own experience. Two of the papers were written from the standpoint of the clinic itself; three approach the subject from the standpoints of cooperating professional and technical organizations—the juvenile court, the school, and the child welfare agency; and one, written from a lay and non-technical point of view, gives a parent's evaluation of clinic service to families which need it.

No rigid formula is applicable to the community relationships of a clinic. These papers, however, offer many suggestions of general value, even in the face of the variations

which exist, both as to the organization and methods of the clinics themselves, and as to the social conditions and the functioning of social agencies in the communities where clinics are established or are contemplated. As published in this form, it is hoped that the papers will be of service to the constantly growing number of people who, while recognizing that child guidance clinics do not offer a complete solution of problems of behavior and personality, appreciate their value and wish to deal as intelligently as possible with the practical problems of their organization and community relationships.

The cooperation of the authors and the courtesy of the various bodies before which some of the papers were read, are gratefully acknowledged. The contributions of Judge Hoffman, Mr. Connor, and Mrs. Kendel appear here for the first time. Dr. Truitt's discussion contains material he has assembled from three earlier papers; of these one appeared in *The Public Health Nurse* for June, 1926, under the title "Child Guidance Clinics," another in *Mental Hygiene* for April, 1926, under the title "Community Aspects of Child Guidance," and the third was read before the Buffalo Council of Mental Hygiene, January 27, 1927, under the title "The Child and the Community." Dr. Lowrey and Miss Taylor have provided revisions of papers first presented before the Mental Hygiene Section of the National Conference of Social Work held in Cleveland in 1926. In its original form Dr. Lowrey's paper was also published in *Mental Hygiene* for July, 1926.

GRAHAM ROMEYN TAYLOR, *Director*

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COMMUNITY CHILD GUIDANCE CLINICS

BY RALPH P. TRUITT, M.D.

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THE child guidance clinic is a community agency for the study and treatment of the whole child. To be sure, the children to whom it ministers come to its care because of disordered habits, troublesome personality traits, or unacceptable behavior—intangible difficulties in the psychological rather than in the physical realm. But it is the essence of the modern philosophy of mental hygiene to look upon these things merely as symptoms, as the outward manifestations of serious underlying disturbances which may be found, in the final analysis, in the mental, physical, or social spheres but which in any event are destroying the harmonious adjustment of the child to the environment.

To understand and correct the basic factors causing these symptoms is therefore to strike at the very roots of mental disease, delinquency, dependency, and other forms of social inadequacy and failure. In the search for these underlying causes it is impossible to separate the physical and mental aspects of the human personality and to treat them independently. As a new therapeutic agency for the prevention of individual and social ills the child guidance clinic therefore reflects in its organization and practice the modern trend of psychological theory which seeks a fundamental unity in the many-sided aspects of human personality and behavior.

Pioneer Workers

The child guidance clinic movement is greatly indebted to Dr. Adolf Meyer, Dr. William A. White, Dr. Thomas W. Salmon, Dr. E. E. Southard, and other social psychiatrists who more than two decades ago were insisting on a study of the whole individual, his environment and his reactions to it, as contrasted to the study of his individual organ systems. For the application of this principle to children's problems, we are indebted to the pioneer work of Dr. William Healy and his associates, first in 1909 at the Juvenile Psychopathic Institute (more recently known as the Institute for Juvenile Research) in Chicago, and since at the Judge Baker Foundation in Boston. Dr. Healy's work led to a new understanding of cause-and-effect relationships and resulted in the formulation of a constructive doctrine for the treatment of juvenile delinquency. The influence of this work is felt wherever the application of social psychiatry is attempted in the solution of children's problems. Psychiatric work with problem children has from time to time been ably carried on by a rapidly growing number of outstanding psychologists and psychiatrists throughout the country.

The Commonwealth Fund Program

In 1921 the Commonwealth Fund, convinced of the promising contribution to social welfare implied in all this work, determined to assist in its practical application and extension by organizing a five-year demonstration program for the prevention of juvenile delinquency. This plan included not only the training of workers and the promotion of visiting teacher service in the public schools, but also the more general establishment of clinical facilities in the larger cities throughout the country. Accordingly, as one of the main objectives of the

program, the National Committee for Mental Hygiene was enabled to create a new Division on Prevention of Delinquency,¹ the chief function of which has been the establishment of child guidance clinics through conducting demonstrations and providing advisory service for communities desiring to develop such agencies.

In planning the work of the Division it was realized that though advanced work was being done with children in the fields of health, education, and social welfare, these activities to date were uncoordinated except in such cities as Chicago, Baltimore, and Boston; that is, each group limited its study to one phase of the child, treating him either as a mind to be educated, a physical organism to be safeguarded, a dependent to be supported, or an offender to be disciplined. Obviously, there resulted gaps, overlappings, and contradictions of method, however excellent the work in the individual fields. It was felt that a need existed in most cities for the coordination of medical, psychiatric, psychological, and social work as applied to children, in order not to deal with fractional parts of the child as a problem, but to see him and handle him as a whole.

Demonstration Clinics

With this goal in mind, there were assembled personnel trained in medicine and psychiatry, psychology, and social work. Each child studied in the clinic received a complete social investigation, a thorough medical examination, a full psychological and educational survey, and an intensive psychiatric study. The necessity for work in all these fields is re-

¹ At the conclusion of the five-year demonstration program this division was reorganized and became the Division of Community Clinics of the National Committee for Mental Hygiene.—*Editor, June, 1932.*

vealed in practically every case and no one phase of study is exclusively stressed. In its general scope, child guidance utilizes all the techniques developed in medicine, psychiatry, psychology, and social work, and upon its interest in developments in these fields its progress depends. A clinic cannot properly pursue its study and treatment of each child without free cooperation with agencies active in these allied fields. It not only depends on schools and social and health agencies to send cases, but in treatment refers back to them for help in caring for the problems it discovers. Naturally it has a vital stake in the further progress of educational, social, and health agencies, since their development means more and better facilities for the diagnosis and treatment of its cases. The clinic's case load capacity and its effectiveness in treatment are as much conditioned by the community's resources in allied fields as by its own understanding of the baffling problems the children present. The first demonstration clinic was attached to a juvenile court and this experiment proved that if preventive work with the personality and behavior difficulties of children were to be effectively handled, the preventive attack should be made at a really preventive time before the child came to court, and that it should be directed toward helping parents, schools, health and social agencies to understand and deal with incipient cases. The demonstration child guidance clinic, therefore, evolved into a community enterprise making contacts with all those professionally or personally interested in recognizing and treating tendencies which might make children into problem adults. The idea was to detect and treat children's difficulties at a stage when actual treatment in the community was still possible and community resources could be used effectively in a preventive way.

In choosing cities for child guidance clinic developments, increasing emphasis was put on such essential considerations as general community progress in organizing health, educational, and social work, the quality of local leadership, as well as financial resources for the support of an efficient, permanent clinic. The Division was instrumental in developing child guidance clinics in St. Louis, Dallas, Minneapolis, St. Paul, Memphis, Richmond, Los Angeles, Cleveland, and Philadelphia. In addition, a few cities with finances available for the development of clinical facilities asked for assistance, and along with other cities requesting help, but not so well prepared financially, were given consultation service in planning local programs for the development of resources in allied fields as prerequisites to child guidance clinic work.

Types of Children Studied

The types of problems studied by the child guidance clinic are those in which a lack of adjustment between the child and his environment is evidenced by his behavior in his home, the school, or the community. The child's difficulty may express itself in symptoms of various kinds, usually occurring in combinations defying any scientific attempt at classification. Maladjustment, especially in younger children, may be chiefly indicated by undesirable habits such as thumb-sucking, nail-biting, enuresis, masturbation, peculiar food fads, night terrors, etc., or it may be indicated mainly by the child's personality traits, such as sensitiveness, seclusiveness, apathy, day-dreaming, excessive imagination and fanciful lying, "nervousness," moodiness, obstinacy, quarrelsomeness, selfishness, laziness, lack of ambition or interest, fearfulness, unpopularity or inability to get along with other children, general restlessness, wanderlust, etc. Or the symptoms of

maladjustment may be displayed in undesirable behavior such as disobedience, teasing, bullying, temper tantrums, bragging or showing off, defiance of authority, seeking bad companions, keeping late hours, lying, stealing, truancy, destructiveness, cruelty to persons or animals, sex activities, etc. In general, children between the ages of three and seventeen are studied and treated. Cases where mental defect (feeble-mindedness) is the central problem, psychopathic states of years' standing, and cases of mental disorder, such as epilepsy, dementia praecox, etc., are not handled by a child guidance clinic, since usually they are provided for by the community's other facilities and do not permit of the concrete, constructive, and continuous treatment in the community which the clinic is especially interested in providing and securing. Problem children are referred to a clinic for study in about equal proportions from parents, schools, and social and health agencies.

Mental Hygiene and Public Health Work

If for no other reason than on a purely health basis, psychiatric work with children should be of interest to teachers, social workers, nurses, and physicians. It has been said that sanitation and sanity spring from the same root. This is perhaps true in more than one sense. That personality and behavior difficulties must be considered intimate factors in the problems of preventive health work has gradually been conceded. Anyone dealing with the hygiene and health habits of individuals realizes the possible complications because of personality and social conditions and that they are often thwarted in treatment by obstacles which arise from mental states and twisted personalities. The more obvious forms of mental ill health and defect are recognized problems not yet solved by

any means, but recognition of them is at least general enough to give us grounds for believing they will be taken care of as end-results. However, we cannot be content with mere disposal of the waste products of civilization and must intervene earlier if we are to save ourselves from their accumulation. Milder personality and behavior problems not only frustrate the efforts of teachers, social workers, nurses, and physicians, but frustrate them more constantly and insidiously because their prevalence blinds us to their importance, with the result that they are not identified as symptoms of poor mental health and go untreated until they are actually past treatment.

Preventive Work in Childhood

The medical profession made a great advance in the control of tuberculosis when treatment by hospitalization was recommended, but the most profitable attack has involved measures for prevention in the community. Just so it was found that the psychological moment for work to insure mental health was the first appearance of personality and behavior symptoms which might be interpreted as signs of a disease process later manifest in nervous breakdowns, general economic incompetence, and the social difficulties of dependency, delinquency, and insanity. During its early years the mental hygiene movement was quite naturally preoccupied with the obvious problems of institutional care for cases that defied hope of constructive treatment. Considerable study has been necessary to reveal some of the early causes of mental disease and to show the connection between the so-called insanities and such apparently benign symptoms as those we see in what is called the problem child. This shift of attack from the pathological to the preventive is a familiar

occurrence in medicine. Actually, such traits as temper tantrums, hypersensitiveness, quarrelsomeness, disobedience, lying, stealing, etc., should be recognized as symptoms of something gone wrong in the health of a child, just as underweight, poor vision, discharging ears, skin eruption, etc., are signals of interest to parents, teachers, social workers, nurses, and physicians. The child may "outgrow" these difficulties as he may weather successive "bad colds" and survive badly infected tonsils, but nevertheless these incipient personality disorders have to be considered seriously as the possible beginning of disease trends which in an alarming proportion of our population find later expression as problems taxing the united resources of health agencies, social welfare organizations, state hospitals, reformatories, and penitentiaries.

Preventive Work Must Be Integrated

The great trouble with preventive work is its complexity and its demand that many matters once considered trivial be regarded as important. It really involves taking into account innumerable and diverse factors which operate in various combinations to produce early symptoms, factors which have previously seemed to have no special bearing on the problems they produce. For instance, in the field of personality and behavior problems there is a close interrelation between the health and efficiency of the various organ systems, the whole personal and family history of the individual, his intellectual capacity, and the emotions which determine his capacity to meet experience fairly and squarely. This naturally alters the old conception that "mind" is a separate and distinct organ or entity and therefore subject to disease as this term is usually understood. The germs of mental disease when viewed under a microscope are seldom the bacteria we associate with physi-

cal disease but reside in the maladjustment between the individual as an organism and the experience and treatment he is given at home, at school, and in the world at large. Various phases of the general health movement, of progressive education, of experimental psychology, and of social effort to prevent delinquency have wound up with a new emphasis on childhood as the proper period for the preventive utilization of what we have learned in these fields. On the whole, however, workers in these separate fields have practiced in isolation from one another, emphasizing the enormous importance of the special problem they see but failing to realize that a solution of that problem depends very largely on the success with which the problems of the other fields are being met. However much we may congratulate ourselves on the remarkable developments that have come about in public health, education, social work, etc., the fact remains that in none of these provinces have we yet obtained the resources we need for getting over our specific jobs and that a great deal of our difficulty arises from the competition of one group with another and the tendency to see the work of each field as unrelated to that of the others. As a matter of fact, preventive work fails of its full effectiveness as long as it is done in air-tight professional compartments; its very nature demands coordinated attack from experts in all related fields on problems that are seen as inevitably interdependent.

Seeing the Child as a Whole

A child guidance clinic handles human nature in a slightly new way because of its coordinated attack in attempting to understand and treat the whole child and his entire environment. Child guidance work, however, is a late arrival on the scene and it is dealing with a commodity that has puzzled

and interested mankind since the beginning of time. Truly we know rather little about human beings when we consider the centuries that have been given to figuring them out and to learning to educate and direct them. They are more complicated than Einstein's theory and far more immediate and incessant problems. As a matter of fact, human nature is everybody's business and no one has ever been able to neglect it successfully, either in himself or in others. Parents have to reckon with it in their children, teachers encounter it in their pupils, and employers find it in their stores and factories. Governments and religions, schools and social agencies have all resulted from the effort to bring it under control. They have their own special purposes, their own special methods, and their own traditions. They disagree and even work at cross purposes. But whatever their differences and deficiencies, they all handle human beings and must continue to handle them whether we have child guidance clinics or not. Perhaps the most that the child guidance clinic can claim as its contribution is the simplicity of its aim. It leaves to parents the job of raising children, to teachers the task of educating them, and to the church the problem of directing their spiritual lives. It recognizes that most of those who have to do with children have some special important purpose, while its major interest is limited to discovering what the child is and, through that discovery, to assisting others in doing their necessary job with him. Actually, each group finds itself blocked in its function by personality and behavior problems the source of which it is almost impossible to find. The teacher fails to teach a particular child because of some obscure and complicated difficulty in the home. Or the parents have trouble with him because they are preoccupied with the struggle for existence or handicapped by their ignorance of

our language and customs, by ill health, or by secret dissatisfaction with each other. Any single one of the succession of those who deal with the child in the course of his career has very small opportunity or power to handle those phases of his life which lie outside a special province. The result is that the average child remains a conundrum and that most of those who are responsible for him are thwarted because they never have a chance to see more than a fraction of him. Moving heaven and earth would be a simple feat compared with the problem the teacher faces in trying to straighten out those extra-school difficulties which make a child a nuisance in the classroom. As we see it, each agency in the community is forced to work more or less in the dark on problems controlled by situations beyond its reach. That is why the child guidance clinic speaks of understanding the "whole" child. The attempt to do so is costly, for it involves exploring his entire universe. Probably it would not be worth while if we did not also attempt to convey what we know of the child's whole life to those who deal with each fraction of it, so that they can see their own problem more clearly, work together with the rest of the community in a coordinated way, and formulate new methods in the light of a better understanding of the material with which they are working.

A Slow Process of Community Education

Child guidance clinic work has excited an enormous amount of interest and has occasionally been the victim of the very publicity it so readily receives. To many people it has revealed a revolutionary point of view and the thrill of this has made them expect miracles. Revolutions never work out as easily or as quickly as we might hope. The source of the thrill is in the rediscovery of the child by those who have

always seen him through adult eyes. The average child is an alien in our midst. We cherish the illusion that we understand children because we have all been children ourselves, but there are few adults who do not subscribe to the common myths about childhood. Most of us embalm our childhood in jokes or sentimental recollections of that period as the golden age. It is a shock to discover what the average child thinks and feels and to realize the discrepancy between his needs and our approved methods for meeting them. The implications of this new view of him as a developing individual can be appreciated only by those whose task it is to establish more suitable conditions for him in the home, the school, and the community. This could not be done in the twinkling of an eye even if we adults were willing to surrender our present habits and prejudices, since it involves modifications of the whole of the community's complex machinery and the development of new methods of child training, education, and the like. The utility of child guidance clinic work certainly cannot be demonstrated within a period of a few years, since it depends on a slow but progressive integration of all those activities which affect the lives of children. In the last analysis the child guidance clinic accomplishes its purpose only as it activates in parents, schools, and community agencies a greater understanding of the individual child and a more sensitive and flexible handling of him.

Experimental Beginnings

There are very good reasons for calling a child guidance clinic an experiment, for starting it on a small scale and dwelling on its limitation as an isolated agency. In the first place, a child guidance clinic is doing preventive work and preventive work always seems an extravagance to a public

that is heavily taxed by the expense of controlling crime, caring for the insane and feebleminded, and wiping out disease. These are problems that strike home, inspire fear in anyone able to read a newspaper, and worry us all because we have nowhere succeeded as a community in dealing adequately with them. They take precedence in our minds because they are dramatic enough to occasion newspaper crusades, to interest political machines as party issues, and to raise a general hue and cry about emergency measures. They have to be provided for just as dangerous waste products have to be removed to keep the wheels turning. The institutions that care for them receive and should continue to receive first consideration, for they are questions of universal concern and individual protection. But just as in the case of tuberculosis, treatment of the disease first began with recognition of such final symptoms as a sepulchral cough, emaciation, and hemorrhages and then advanced until prevention became part of the general hygiene of the whole community, so we feel that psychiatric work with the early difficulties of children will gradually relieve us from the human wreckage which at present impedes our progress.

The Clinic and the Community

The work of a child guidance clinic is slow and its development remains in the hands of the community as a whole. As a functioning agency, the clinic cannot afford a proud independence. Its life depends on its assimilation into the organized community. It must patiently build up relationships with groups whose heavy responsibilities have made for their isolation. To be effectual, the clinic must establish functional connections with such agencies as the schools, churches, case-working societies, courts, and institutions which deal with a

thousand children to its one. It cannot now and probably never will operate on any wholesale basis. It can enter directly into the lives of only a limited number of children and for this reason will always be a relatively expensive agency. As a separate entity, it is at most only a small laboratory working with a few children, but working with them in a more comprehensive way than any other organization. Its justification lies in its capacity to give those interested in children a fuller picture of all that children are, think, and feel, and in its ability to make them conscious of the whole child and the whole situation, since these so often elude the specialized agency. Intimate communication with other groups is a necessity for the clinic, because its methods of treatment are largely derived from allied fields and depend for their development on the clinic's knowledge and cooperation with all those who share its interest in the problem individual. Treatment means working out with parents new methods of child training, with schools modifications of teaching practices to meet individual needs, with social agencies case work techniques that will penetrate to the core of the difficulty. It can furnish other agencies new data and fresh points of view, but the value of these can be proved only as they are absorbed and applied. For the child guidance clinic the question is one not only of giving, but of receiving. Its technique has developed only as it has better understood the purpose and methods of other agencies and has worked in sympathy with them. Its methods are composite and are frankly drawn from every available source. It has to learn the language of all the agencies that are an influence and convey to them a working knowledge not only of its purposes and methods, but of its dependence on them for cooperation in treatment. In the life

of the community the clinic represents a service for the exchange of ideas and the evaluation of methods.

A Process of Growth

The child guidance clinic has no final solutions to offer in the treatment of personality and behavior difficulties. This is true, of course, partly because child guidance clinic methods are derived from sciences which are still developing, and also because treatment actually depends on the cooperation of other agencies which are themselves in various stages of evolution. The child guidance clinic has no magic formulae and is not yet in a position to supplant parents, teachers, judges, and others who up to this date have felt some responsibility for leading the child in the way he should go. It is quite content to have them continue in their present roles and is modestly interested in giving more power to them since its own effectiveness depends on the healthy growth of their functions and the possibility of their developing resources complementary to its own.

It is perhaps natural for one to be suspicious of dramatic developments in the child guidance field and to believe that real progress is an intangible not to be weighed and measured. What strikes one really as the most substantial evidence of achievement is the spread of ideas derived from psychiatric work with children into the personal codes of intelligent parents; the interest of educators in applying to the problems of grading, curriculum making, and disciplinary methods, insight drawn from the same source; and the eagerness of social workers for whatever ideas they can get from clinical practice. This means that allied groups feel that they can accept and put to their own uses a point of view and a tech-

nique which otherwise might be limited to child guidance clinic cases. It also leads us to believe that whatever we have to offer will gradually penetrate the entire community and in a truly preventive way modify those trial-and-error methods which are at present producing personality and behavior difficulties.

A PROGRAM FOR MEETING MENTAL HYGIENE NEEDS IN A CITY

BY LAWSON G. LOWREY, M.D.

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A BASIC need in any mental hygiene program is, of course, the provision of facilities for the recognition and care of the feeble-minded and insane, in the legal sense of those terms. This involves adequate diagnostic service, to be had in the larger cities in a variety of ways—from practicing psychiatrists, hospital dispensary services, and psychopathic hospitals. Care and treatment must also be provided either in special institutions, private or public, or in the community. All of this work centers around the treatment of disease and defect states, while our particular interest in this paper is in prevention rather than cure. For that reason we shall not further discuss this important phase of the work, but will devote attention to the problems involved in a preventive program.

Prevention Begins in Childhood

By common agreement a preventive program must be focused upon the problems of children. The main reason for this is that we know that work with children, when attitudes and personality trends are developing and before modes of response have become fixed, will prevent a great many later difficulties both in personality adjustment and in behavior, and will, therefore, contribute to a happy and healthy life. It

is clear, however, that working with the problems of children involves also working with the problems of the adults who control in so many ways the life and development of children. We have, then, actually a double approach in our preventive work, working with both the child and the adult to achieve for each new levels of adjustment which shall be reflected in the relations between the two.

Three Kinds of Children Need Help

There are many known groups of children who present problems for mental hygiene work. There is the group of dependent children, who, because of some disaster in the home, are becoming social charges and will, during the period of childhood, have their lives ordered by the social agencies, institutions, and foster homes that assume the responsibility for them. For these a mental health study seems needed, in order that really adequate plans may be made for their care. The mere fact of the breaking up of a home and the necessary assumption, by some extra-home agency, of the care and training of these children, presents a mental hygiene problem of no small proportions to the individual child.

There is also a group of children who show retardation in intellectual development such that they are unable to compete in the ordinary types of intellectual work required of them. The need here is for adequate diagnostic facilities in the schools and, over and above that, adequate facilities for the proper education not only of those children who are unable to keep up in normal competition, but also for the superior child. It is today recognized as a basic principle in mass education that classification of pupils according to intellectual ability and the provision of special types of education is an essential, not only in training for economic productivity, but

in procuring an adequate degree of stabilization for the individual child. As is true in any section of our work, the facilities for diagnosis are not enough. It is much more important to have developed methods of dealing with the diagnosed cases than it is merely *to make the diagnosis*. I should plead here for a complete obliteration of the notion that just because a diagnosis has been made, the situation has been in some way helped. To be sure, adequate planning and adequate treatment cannot proceed until there is an adequate diagnosis, but the diagnosis is not an end in itself; it is only a means to the end of proper treatment.

There is a third class of children who present problems in behavior ranging all the way from mild to grave, and involving such social units as the home, the school, or the community.

The Home and the Problem Child

The home problem is ordinarily handled by the parents, and as a general rule very little admission is made outside the home that a problem exists. It is true that parents often handle such problems unwisely, and they often handle them too impulsively. They make mistakes in many ways in meeting the issues that are raised; but, after all, these problems belong to them and they are the people who must meet them, whether they meet them well or poorly. It is not fair to criticize the parent for meeting the problem poorly when the parents are giving to the solution of the problem the best that they know. Evolution of assistance to the parent in meeting such problems has come about in various ways. Indeed the very variety of methods has operated as a handicap to securing a better level of parental care. For the most part parental education has been based on an external and super-

ficial type of approach, the problem having been viewed entirely as an intellectual one and handled on the presumption that a presentation of the facts would clear up the situation between parent and child. Unfortunately parents are people, and, being people, they have emotional blocks, pathological attitudes, and inner strivings of their own to which they react in dealing with their children. The presentation of intellectually graspable material will not succeed in altering the parents' point of view and methods of dealing with the child, if that material does not reach their emotional blocks and help to clear up their own prejudices. Imposed education will never do this. Only the education that develops from within, that meets the issues presented by the individual personality, will ever succeed as a real preventive measure in dealing with parents.

School and Community Attitudes

The school has developed a great many types of machinery for dealing with the behavior group. There are special schools of certain sorts, often handicapped in the very good work they are doing by being classed as the "Bad Boys' School" or the "Bad Girls' School"; attendance departments; truant officers; parental schools; and the like. But all too frequently this machinery is again superficial and external in its approach, viewing the child who breaks the rules of the school as a case of difficult behavior rather than as a living, adjusting organism whose behavior is but a blind expression of difficulties in adjustment within the individual or between the individual and his social nexus. This is perhaps an expression of a universal tendency that is even more marked when we view the attitude of society to those who do not conform in their behavior. Ever fearful, the social group is quick

to take steps for its own protection, and what boots it that this protection in and of itself frequently does the opposite of what the group is really striving for, and merely produces a more serious type of offender? I take it that our expressed social purpose is to have a happy, healthy, and harmonious group. It is, however, a fair criticism that we as individuals want the health and happiness and expect the other fellow to provide the harmony, and in case he does not, our immediate protective reaction is to exclude him from the group. We do not consider enough the point that perhaps we, too, have contributed to the disharmony and that perhaps we, too, are partially involved in the other fellow's failure to adapt to the group. This method of exclusion from the group or the tribe, whether it be by death, by deportation, by imprisonment, or by slavery, is the most primitive of all the group responses to the individual who disturbs the peace, the security, or the comfort of the group. That the method is not in and of itself constructive is no bar to its application. That it does not succeed in producing a viable social unit from the misfit will not interfere with its application because it is based on some of the strongest primitive emotional reactions that individuals have. After all, the group is composed only of individuals.

Forces that Resist a Scientific Approach

We have, therefore, in the work with children who present behavior problems, community resistances to overcome. There is a fairly general impression that people are bad or good according to their heredity or their environment or their own voluntary choice; and there seems to be a strong community feeling that we should react to each other wholly as though we were good or bad of our own volition. There is a further community attitude concerning those who attempt

to study problems in behavior with the same objective attitude, the same patient search for facts, the same patient attempt at the evolution of methods for dealing with those individuals who do not conform, that characterize the growth of any body of scientific knowledge. Such groups are often regarded as queer or Bolsheviks or sentimentalists or enemies to the established social order, and so forth. Not much of this antagonism finds conscious expression, but enough comes out from time to time to indicate what the trend of community thinking is. People who try to work with behavior problems are accused, on the one hand, of being arrant sentimentalists and, on the other, of being too scientific and inhuman in their approach. They are accused, on the one hand, of trying to standardize all children and, on the other, of making individualists of the children with whom they deal. They are accused of publicity seeking and of not doing enough publicity; of not doing enough follow-up on cases and of making too much study of a case. This list of ambivalent criticisms could be extended almost indefinitely. Actually they prove only one thing, which is that the groups working with behavior problems are approaching these problems objectively and scientifically, with sympathy for all the individuals who are involved in the difficulties, without expressing the revenge motive which is so characteristic in the social approach to behavior problems, and with an absence of predetermined judgments. In other words, these criticisms prove that these groups are doing their job as it should be done and not according to the emotional will-of-the-wisps that determine the attitude of the critics.

The Objectives and the Fundamental Needs

We have, then, three general streams of cases ready made.

This must not blind us to the fact that it is not only these three groups—the dependents, those who are failing in competition in the schools, and those who present problems in behavior in home and school and community—who are mental hygiene problems. There are also the ordinary normal children in the ordinary normal homes, who have problems within themselves and in their personal relationships that deserve some of our time and attention if our idea is the greatest possible mental health for the greatest possible number of people.

The Need of Help from Many Groups

In any organization for mental hygiene work in a community, there are four fundamentals that must be recognized.

First, it is necessary to realize that mental hygiene is not the job of any one group in the community. It has been well said that mental hygiene begins at home, and a canny epigrammatist once added, “and often should stay there.” Mental hygiene as such, having to do with that portion of the organism that expresses itself in social relationships, is in some sense the job of each one of us. Scattered principles of mental hygiene are to be found in the written records of all civilizations. Their formulation into a definite or fairly definite set of principles is, however, a matter of very recent times. What the mental hygiene movement is trying to do is to formulate in scientific fashion the rules of mental health and the ways and means by which mental health may be gained or increased. Mental hygiene is an important factor in the life of every one who has to deal with children’s problems. It begins, or should begin, with the problems of one’s own mental attitudes as they affect one’s relations with others. It extends in ever-widening circles from these people

who make their own mental hygiene a definite objective. To mental hygiene and its principles contributions have come and will come from a wide variety of different sources. The most important contributions have been made by the overlapping fields of psychiatry and psychology, which have formulated, respectively, the facts about mental disorders of all sorts and the facts about the normal mind. Mental hygiene leadership is to be expected from this group, but mental hygiene as a task is not the task solely of this group. These two and social work, education, recreation, the home, the school, the church, and the court—and so on through a long list of community resources—have each something to contribute.

Sound mental hygiene work, to reach any considerable portion of the community, must, then, be well organized, receiving contributions from all those zones of work that may be expected to make contributions, and making contributions to the working techniques of the groups who deal with large groups of children.

The Need for Trained Workers and Leaders

The second fundamental is that the number of trained and experienced workers is limited, and this condition, as I see it, is bound to continue for a considerable period of time. The personnel is increasing constantly, but it is not increasing in proportion to the increased demand. Such personnel as we have available must be used in terms of leadership. A warning seems necessary here: half-baked mental hygiene work is probably much worse than no mental hygiene work at all, and a trained and inspiring leadership is absolutely essential if adequate work is to be done in the community. Above all things, sentimentalism as a stimulus to mental hygiene work

is to be deplored, although sympathy, human understanding, and tolerance are outstanding needs for any sort of mental hygiene work.

The Need of Fighting Community Inertia

The third fundamental is that the community has a large inertia. Man's primary interests lie in the preservation of his life and in his physical comfort. The mind remains for most people the greatest mystery of all, more secret and, in a sense, more sacred than reproduction itself. The general ideas of the mind adhere to archaic patterns now worn threadbare, and it is an enormous problem and an enormous task to present newer conceptions of the mind in a way that shall be workably related to the individual and his concepts and his job. We are, on the whole, mentally lazy. We object to new ideas, and to anything that disputes the ordered series of concepts with which we placidly face the difficult problems of existence. Anything that affects our feeling of security in ourselves is rejected. All these and other elements enter into community inertia. As a group, we act only when fear of some sort is aroused. The mental hygienist does not wish to use fear as a means of arousing people to action because he knows its detrimental effects all too well. We are, then, faced with the problem of patiently trying to dent an inert mass, and oftentimes our efforts seem all too puny.

The Need for More Knowledge

The fourth fundamental is that our basic knowledge, despite all that we know, is still limited and that we have not reached a stage where we may sit back and formulate final and static rules to cover all the mental hygiene issues. Quite fortunately, we never shall be able to do so, because our

problem is not a static one, not a question of structures to be analyzed; it is a problem in dynamics, in dealing with which we are confronted by constant flux and change. We shall need to keep up a constant stream of educational and clinical work if we are to succeed in our mental hygiene efforts.

The Plan of Organization

With all these points in mind, it becomes possible to sketch the broad outlines of the organization of a community for mental hygiene work. The plan here presented is necessarily an elastic one, since so much depends upon the facilities available in a given community. Perhaps no community is at the present time in a position such that a complete organization of this type is possible, and certainly many smaller communities could deal only with one or two elements of the plan. There is no reason, however, why a community should not start something commensurate with its facilities and its needs, even though only a small part of the needed work were attempted in the beginning.

The Child Guidance Clinic and Its Types of Service

The central feature of organization for mental hygiene work, as I see it, is clinical work with the groups of children already outlined. There are several conceivable ways in which this could be done. The most satisfactory method, in my opinion, is that of the central independent clinic group whose services are available to social agencies, schools, courts, physicians and hospitals, and parents. This method of organization is preferable to the method of organizing a series of clinics to serve these agencies individually. Such a central clinic should be staffed with psychiatrists, psychologists, psychiatric social workers, and the needed clerical group, in order to make ef-

fective its clinical service and in order to develop that degree of community cooperation which is absolutely essential in work with maladjusted children. In individual instances, communities have set up such clinics in relationship to some specific agency dealing with children, as, for example, the clinic in the public schools in Minneapolis, the various court clinics, and so forth. From a practical point of view, however, if one accepts, as I do, the central principle that the clinic is a coordinating, cooperating center and that it must establish broad lines of cooperation with all the institutions, including the home, that enter into and affect the life of the child, the desirability of an independent organization and position seems quite clear. Properly organized and with a large enough staff to care for the work, there are several types of clinical service that may be offered.

Study of Dependent Children

First, there is the mental health study for dependent children who are becoming charges of the social agencies of the community. We have long ago seen the light on the advantage of studying the physical health of the child at the time when he becomes a public charge and of providing care and treatment for the minor and major physical defects that may be found. In many communities a further step has been taken and the intelligence of the child has been measured at the time of his admission to the agency, for the particular purpose of selecting the feeble-minded children who should receive care in a specialized institution. So far as I know, there are no communities that go beyond this and round out the study of their children by looking into other matters concerning mental make-up and mental health. Since we recognize more clearly today than ever before that other aspects of

mind than intelligence are of the greatest importance in determining healthful social relationships and the successful living of life, it would seem entirely logical to develop a completely rounded study of the mental health of the child at the time when he becomes the charge of a public agency rather than after he has given indications of the need for study of his mental health by presenting problems in behavior or in other ways. The proper formulation of this mental health study is an issue of grave importance as there are so many ways in which it may be wrongly or poorly done and so be a hindrance rather than a help.

Consultation Service for Case Workers

The second type of service would be a consultation service designed to evaluate situations with which social case workers are confronted in the management of their case work problems. In this instance, the consultation is based on the worker's record and accumulation of data rather than upon individual study of the child. We must, it seems to me, constantly bear in mind that this method has great limitations, and that it is in no sense a substitute for actual study of the case. Nevertheless, it is an important and helpful method so far as the case worker herself is concerned. On the basis of an experiment carried out during two months, we established in Cleveland a workers' consultation service with three agencies and it seems to me that it has been highly successful in achieving its objectives. These are a provision of definite help to the worker in dealing with her immediate problems, adding to her knowledge of mental hygiene technique and principles which she can apply to other problems with which she is confronted in her case work; and increasing the effectiveness of the cooperation between the clinic and other agencies.

Many of the cases presented in such a service must necessarily be studied in detail before any satisfactory solution of the problem is reached.

Advisory and "Slight Service" Functions

There is another small group of cases which can be dealt with on the basis of advice directly to the parent who is having difficulties with a child. Such cases are not numerous and must always be very carefully and critically selected for such management. They are represented chiefly by instances where a parent has become, perhaps suddenly, quite apprehensive concerning some minor trait which the child shows, and desires advice as to dealing with the immediate situation. A fairly careful survey of the situation with the parent will usually show whether a complete study is necessary.

Another type of service is the one of partial examination in cases in which the preliminary statement of the problem that the child presents is fairly clearly indicative of the nature of the underlying difficulty, and one or more special examinations are necessary to confirm or refute this first impression. This type of service seems most profitable in the examination of children when feeble-mindedness is suspected, and the intelligence tests give a clear-cut answer to the question. I do not mean to imply that only the intelligence tests should be made, since other factors may enter into the problem as well.

These shorter services—or, as they are commonly called, slight services—are the most difficult of all with which to deal, and demand from the staff members working with them the highest degree of alertness, quickness, and skill in interpretation. In our experience, they are services to be intrusted not to those who are just beginning their work in this field, but rather to the most experienced members of the staff. It

must always be remembered that they are, after all, only first approaches to the problem and that no cases should be dealt with by such slight services unless it is absolutely clear that a contribution can be made in this way to the treatment of the situation.

The Clinic's Major Services of Study and Treatment

We come, then, to the major clinical service of such a clinic group—namely, the complete study and evaluation of a situation, its interpretation in terms of the dynamic stresses and strains involved in causation, and particularly the carrying out of treatment measures designed to remedy the fundamental difficulties in the situation. I would emphasize again that making such a study is not in and of itself enough, but the study must be *functionally useful* and *used* in the treatment of the problems presented, else it has failed. I take it I need not repeat the fundamental studies involved, but I should like to remind you that when we deal with a human being who is out of adjustment, it becomes absolutely essential to study all of the ways in which he is out of adjustment, all of the ways in which he is well adjusted, all of the underlying factors in his personality that contribute to the lack of adjustment, and all of the factors in his environment—with particular reference to those dynamic portions of the environment, the personalities to whom he must adjust—before we can be very certain of the steps to be taken in readjustment.

Consultation Service and Cooperative Treatment

It is, in my opinion, a mistake for such a clinical group to attempt to carry under treatment any considerable proportion of the cases it studies. To do so would not only reduce its opportunities to deal with the constantly increasing stream of

cases that the community sends to it, but would prevent the development in other agencies of their own treatment attack and of their use and understanding of mental hygiene principles in their own work. Wherever possible, it is clearly desirable to carry on treatment measures cooperatively, the agency of primary responsibility for the child carrying out the social-manipulative measures, the clinic carrying on the more technical psychotherapeutic measures. The bulk of the clinic's cases should always be, it seems to me, those which we call consultation cases, meaning thereby that after the study a report and recommendations are given to the agency of primary responsibility and further contacts are made by the clinic only to follow up and see what the outcome of the situation has been, or on request of the agency as new situations arise. To make this consultation service effective, it is necessary to have a very clear understanding between the agency and the clinic, and there must be constantly developing a greater and greater realization of each other's problems, points of view, technique, attitudes, and vocabulary, so that the report to the agency will have meaning in terms of functional effectiveness. Because of the ease with which this can be started, the point is often overlooked that to make it effective demands a great deal of careful, patient, slow work, not only in this particular field of agency and clinic contacts, but in many others, and that the desired results are not to be obtained in a day. The most necessary item for it seems to be that the clinic shall not pursue a policy of "splendid isolation," but shall actually be integrating itself into the work of the agencies to which it gives service.

Our clinic staff, then, must provide for the community both direct and indirect case services, which shall be functionally useful to those whose continuous contacts with the

life of the child are so important in shaping the individual into which the child will develop. In Cleveland, for example, both of these direct and indirect services are provided, and, according to present plans, there would be, for all children coming into the hands of social agencies for a long-time placement, a routine mental health study with a report to the agency, but with no assumption of responsibility for the final plan on the part of the clinic. To the educational system, agencies, and court a "problem" service would be given, concerned with the study of children who present known problems in adjustment and the development of the treatment of such situations. It is hoped to provide for the court a special sort of routine mental health survey through which cases would be chosen for more intensive study and treatment in cooperation with the probation staff.

Technique of Cooperation with Social Agencies

We have come to the conclusion that there is a definite technique in the setting up of adequate cooperative relationships with another agency. This technique, in our opinion, involves three steps. The first step consists of lectures or group discussions through which the mental hygiene principles involved in work with children may be presented to the entire staff of the agencies with whom one wishes to work. If this is a very large staff, this preliminary work should be done with the supervisory group, since through them all the case workers in that agency may be effectively reached. It is necessary also to develop in the agency one or more workers who, through some six months of assisting at the clinic, become completely familiar with it and acquire a great deal of information concerning mental hygiene principles as applied to their own field.

The second step in the evolution of cooperation is the provision either of the mental health study type of service or the workers' consultation service, through either of which further diffusion of mental hygiene principles and technique becomes possible. Not only does this result, but the clinic staff itself becomes increasingly familiar with the problems and technique of the agencies with which cooperation is established.

The third step is the actual cooperative study and treatment of individual cases. Of course these three steps are often going forward simultaneously.

It is clear that in the clinical services, as outlined so far, there is constantly being carried forward a mutual education between agencies and clinic which in the long run increases the effectiveness of clinic work and adds to its case-load capacity. It is perhaps not possible in any community to develop these cooperative services with all the agencies that might use them. It has recently been pointed out that in Cleveland we have done far too little work with the settlement houses, with the recreation workers, and with the orphanages. Yet, until satisfactory cooperative work with case-working agencies, the court, and the special divisions of the schools has been established, it is impossible to do very much with the other groups, and in a community plan I would advise trying to reach, not all the groups at once, but those with which satisfactory working relationships are the most important.

Systematic Lecture Courses for Parents

Beyond these clinical services, there is the large issue of education, which means primarily the education of adults with regard to mental hygiene and with regard to the children with whom they must deal. It is imperative to recognize the need for a carefully laid plan for such educational work,

else the drain upon the time and energy of the staff may seriously interfere with its central objective. There is a great appeal to the individual in being invited to address a women's club or a men's club of importance and standing in the town. Such invitations are apt to be so numerous that they become a serious problem. Organization is necessary in advance if the work is really to be effective. The single lecture as a means of really contributing to the mental hygiene education of the community has serious limitations. It is sometimes useful and occasional single lectures should certainly be made as educational as possible, but as a general method it is unreliable and comparatively wasteful. A better policy is to arrange talks in series to be given to groups of organizations, such as parent-teacher associations, in such a way that a great many more organizations are reached more effectively than if each were given a single talk. The next problem that will confront the community clinic is, on the basis of this broad foundation, to do a more definitely educational job in such a way that a considerable group of people will be reached and yet the time of the staff conserved. For example, there might be a series of from sixteen to twenty lectures to one large group of mothers. Realizing the unsatisfactory nature of the lecture as a means of mental hygiene education, it may be desirable to split this large group into small discussion groups of twenty, with a leader for each. The person who gives the lectures should afterwards meet with the group leaders for a round-table discussion of the material presented in the lecture, and each leader should then have a round table with the group of twenty to discuss the lecture and relate the material thereof definitely to the problems of the people in the group. With the right leadership there is no reason to doubt that such a

series would be largely attended and would have a pronounced effect upon the community attitude toward children and their problems.

Educating Teachers in Mental Hygiene

So far we have been speaking only of parents. The parents are not the only group in the community for whom educational work must be provided. The next largest group of people who come intimately and constantly in contact with children is the group of teachers, and here we are confronted with two issues. First, there is the teacher in the classroom, daily confronted with the problems in adjustment and behavior of the children, harried and torn by the demands of her job. This teacher has needs, which she recognizes, for mental hygiene principles and technique in her work. Then there is the teacher in training who is soon to be confronted by these same problems that harass the teacher in the classroom, and means must be found for reaching this group as well. Then there are the social workers—those in the field and those in training, particularly the latter—and various other student groups that should be reached were there time and opportunity. Particularly courses for medical students seem imperative, if medicine is to make its proper contribution to the whole field. The method of the formal course is time-conserving for the staff, reaches a large group in an orderly fashion, and when organized under university auspices, gives the students credits toward degrees. The clinic should not compete with established work, but should merely supplement it by courses dealing with behavior and its problems, presented chiefly from that clinical point of view which is so essential in mental hygiene education.

The Clinic's Administrative Organization

To carry out all this work in the community demands a high-grade, stable organization as a background for these clinical workers. This means an independent board of trustees which should include a wide representation from various community groups such as the board of education, the parochial schools, the juvenile court, women's clubs, parent-teacher associations, federations of social agencies, the churches, the medical profession, appropriate university departments, and other cooperating organizations. There is a principle involved in the selection of such a board, which is that it should be widely representative of community interests, and particularly should there be an interlocking directorate. Not only should the board stand for something in the community, but it should stand for something in the clinic, and it is imperative that such a board should be well informed regarding the operations of the clinic, for which reason a series of standing committees should be constantly at work.

With such an organization of board and of clinic, with constant interchange between the two, with clinical and educational services provided, with constant upbuilding of cooperation with other agencies and constant resistance against the common trends toward isolation and jealousy, it seems to me that the community is organized so that mental hygiene work may go effectively forward and help, as it undoubtedly can, in procuring for the individuals in the community a better mental health than they already have, and so increase community mental health.

THE JUVENILE COURT, THE COMMUNITY, AND THE CHILD GUIDANCE CLINIC

BY CHARLES W. HOFFMAN

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“THE greatest service that the juvenile court can render the community in handling delinquents and dependents,” Miss Julia Lathrop has declared, “is that of making the truth public.” It might be added that while this service is no less incumbent on other institutions dealing with the same problems, yet the greater obligation remains with the court. It is a part of our political and judicial machinery even though it has been decided that in its organization the state departs from the “realm of legal procedure to that of governmental policy.” It occupies a strategic position for the dissemination of knowledge and information in respect to the forces that control behavior; its work in all jurisdictions is a favorite subject for discussion and graphic publicity.

The children that come into the juvenile court differ in no way from the maladjusted children in the home and the school; or the neglected and dependent children with whom social workers everywhere come in contact. Some accidental or peculiar circumstance brings the former within the statute law and into a great public tribunal, a court. It is then for the first time that public notice is taken of them. An intense interest is awakened, all sorts of speculations and theories become rife as to the cause of the deplorable state of delinquents and dependents; especially the delinquents. They have committed an offence against the law, against society.

Public interest is no less emotional in respect to their disposition; there must be no disrespect, it is proclaimed, for law and morality; life and property must be protected, order maintained. An act has been committed subversive of the public welfare and irrespective of causes, the avenging arm of the law must be invoked. Public sentiment still runs to the effect that industrial schools and reformatories are fine disciplinary institutions, and regardless of logic or facts, it adheres to the doctrine that the only method of preventing delinquency and finally reducing the number of children in institutions is that of the juvenile court adopting a stern policy of "sentencing" or "committing" youthful offenders. The juvenile court can point out that such generalizations are erroneous; that repressive measures, notwithstanding their unwarranted use in many jurisdictions, have been tried and found wanting. Moreover, in jurisdictions where the policy of vengeance and punishment prevails delinquency has not decreased and no contribution toward its prevention has been made.

It is contended by psychiatrists, psychologists, social workers, and judges that the public unjustly discriminates between a child who happens to get into a court and a child no less seriously afflicted with a conduct disorder who does not commit an act coming within the legal definition of delinquency. If a child with some deviation from physical or mental health has been neglected for years and has not been identified by any individual or agency as one needing help, protection, and care, there can, of course, be no just cause for complaint if finally he is taken by a police officer or any other interested person to the juvenile court. If a community has failed to provide adequate facilities for identifying children in need of help, the public is justified in demanding that by

bringing them into court they be prevented from becoming a menace to the community. The public on the other hand is not justified in taking up an attitude of hostility toward delinquent children who get into the court and who are in the same class as unnumbered thousands of other children with mental and physical ill health who never reach a court. When the public provides treatment by physicians, psychiatrists, and mental hygiene clinics to non-court children and fails to provide such service to children brought before the court, it is making a cruel and stupid discrimination.

The Juvenile Court as a Child-Saving Agency

It is of capital importance that the juvenile court's place in the community be definitely fixed. The effectiveness of social work is dependent on cooperation, but no cooperation on the part of the juvenile court is possible if it is considered as separate and set apart from the usual agencies handling children in need; nor is cooperation of the juvenile court possible if it is held that children with whom the court deals are not deserving of the same scientific diagnosis and treatment as that given to those who are afflicted with any kind of physical or mental disorder.

In the enactment of the juvenile court codes the state determined to enter the field of social work. It is to be regretted that it was compelled to designate a court as the medium through which it was to operate. It has but little in common with the ordinary courts, except in one or two minor matters in which the judge is called upon to adjust the rights of parents and the state.

Previous to 1899, when the first juvenile courts were organized, private agencies had been unable to meet the social incidence of dependency and delinquency successfully. It was

then, for the first time in history, that the state in its sovereign capacity and in the exercise of its prerogative of *parens patriae* provided by statute for the education, protection, and care of certain groups of children, through its own officers and agents. The groups chosen were those marked with dependency and delinquency as defined by statute; these were considered most likely, if neglected, to become a menace to society. A judge was designated to direct the work; probation officers were appointed and in some jurisdictions medical clinics were authorized. That there might be no obstacles in the way of the state's pursuing its objective, the criminal procedure and punishment were abolished. Delinquency was defined as a status and not as a crime. Thus were discarded in so far as children are concerned, the doctrine of responsibility and the philosophy based upon it. Under the old law children were held to be responsible, wicked, deserving of punishment; they were sentenced to jails, reformatories, penitentiaries, and in some instances they were hanged. It was finally realized that all this not only resulted in a tremendous sacrifice of childhood but threatened the very foundation of social order. It must be recognized that juvenile courts were organized for the purpose of aiding or rather of supplementing the work of private agencies and cooperating with them in preventing children from entering criminal careers or becoming a burden to themselves and society. No greater purpose has ever been conceived by civilized man, and when it is comprehended in its fullness by the public, and the American Bar particularly, the way will be open for the conservation of the best potentialities of the childhood of our country. The means by which this end can be attained are not peculiar to the juvenile court; they are identical with the technique employed by all individuals, societies, and institutions dealing with the

same subject matter. Therefore the court should be deemed on the same level with any other social organization in the community in its efforts to solve the problem of dependency and delinquency. The methods of handling the human material with which it deals cannot be differentiated from the methods common to all social institutions. The principles of child welfare must necessarily be universal.

The Court as a Clinical Laboratory

In the juvenile court acts it is clearly implied that the behavior of the state toward unfortunate children, outlined in theory in early English law and based on the proposition that responsibility is relative rather than absolute, shall become a living vital force in the treatment, correction, and care of the anti-social behavior of children. It may be thought that we are here reading something into the juvenile court acts that is not there, but no such position is tenable. The principle of retribution having been rejected, the court has no alternative other than that of considering the anti-social conduct of children from the viewpoint of cause and effect. Unless it is administered in the same spirit and with the same purpose as a child guidance clinic or mental hygiene clinic, the juvenile court functions in the community merely as a criminal court and not as a child-saving agency. It is in fact a laboratory to which children come voluntarily or involuntarily for diagnosis and treatment, all of which would be futile if causation had no place in its process. The emotion of sympathy other than that which a physician feels for his patient has no place in its ministrations. If sympathy and admonition were controlling motives in its work there would be no necessity for children's courts at all; an erring child would simply be permitted to go its way. On the other hand, the emotion of

vengeance manifesting itself in demanding punishment is foreign to any search for causes or effective means of relief.

It must always be borne in mind that the state, almost with the force of mandatory injunction, has commanded the judge of the juvenile court and his associates to ascertain the causes of dependency and delinquency and provide proper treatment. Upon no other individuals or institutions has so great a trust been imposed. It is impossible for any judge, court, or social agency to fulfill such a trust without authentic information concerning the human material with which they have to deal. This information is obtainable only with the aid of a child guidance clinic, or through the services of psychologists, psychiatrists, and physicians. It is a matter of common knowledge among social workers and those who are associated with the juvenile courts that dependents and delinquents are not such as the public conceives them to be or such as they appear to be on superficial observation during a summary court hearing.

It is estimated that 93 per cent of the courts dealing with a vast multitude of unfortunate children afflicted with conduct disorders know practically nothing about them and summarily dispose of them by the infliction of punishment, usually in the form of imprisonment in some institution. If perchance some escape incarceration it is because they are placed on probation. However, in order that such a course may terminate favorably, it is essential not only that probation officers possess high qualifications—too many of them are unskilled and untrained, and have little knowledge of the real needs of the child—but also that the help of child guidance experts be made available to them.

The present unsatisfactory conditions arise no doubt out of

the traditional conception so generally prevalent that delinquency can be cured by force. The direct method, as distinguished from the indirect scientific method, is largely in the ascendant. Tradition is blindly followed and the social needs of children and of society are ignored with the resultant disasters.

The New Psychology and the Court

During recent years the old introspective subjective psychology has been superseded by practical psychology and psychiatry, objective in their methods and capable for all practical purposes not only of correctly diagnosing disorders but of forecasting the course of human behavior. The differences of opinion among experts as to details are academic and not vital to the work of the juvenile court. So intensive and exhaustive have been the investigation and research on the part of scientists that today there is extant a body of scientific knowledge and information probably sufficient, if we knew how to apply it, to save every delinquent child from entering a criminal career and to conserve whatever potentialities he may possess for a life of usefulness and happiness.

The conception of child psychology that prevails in many courts and agencies is on a par with that of a superintendent of an orphanage of a southern city who inquired of us by letter concerning a pump which he understood had been used in Cincinnati. The pump, he said, could be placed in a water-tight cell so constructed that if a child placed in it did not persevere at the pump he might be drowned or at least think he might drown. He thought a pump of this kind good for the purposes of discipline and the inculcation of good habits. It is needless to add that we advised him we had no such

contrivance and referred him to Wile's "Laziness of School Children."¹

Freedom of the will on the part of children is seldom considered in the light of modern science and psychology. There are some who by reason of the supremacy of some mental or physical force are unable to control their conduct and lives, but this view is not generally accepted. The studies that have been made in psychology and psychiatry and mental hygiene, however, have demonstrated this truth beyond doubt. It is generally conceded by scientists that whatever criticism may be advanced against mental examinations, complete study of the mental lives of individuals points conclusively to the fact that there are groups of individuals who cannot control their behavior, and who are unable to compete with their fellow men and manage their affairs with ordinary prudence. While this is true of adults, it is emphasized in the cases of children.

The life of a child is a constant struggle against forces that he cannot always comprehend or control. When the state provided for a social agency known as the juvenile court it was supposed that this court would utilize all knowledge and information of the causes of child delinquency that could be obtained from psychology, psychiatry, or any other source; that it would seek to discover the forces that make for evil; and aid and assist the child in adjusting himself to moral and social standards to which he must eventually conform or become an outcast. However, after nearly twenty-five years of the existence of juvenile courts this procedure has a place in very few courts other than those in the large cities.

Delinquent Children Need Treatment, Not Punishment

The great obstacle in the way of scientific treatment of the

¹ See *Mental Hygiene*, Vol. VI., No. 1 (January, 1922), pp. 68-82.

delinquent child is the idea of punishment; this idea prevails to so great an extent as to overcome and obliterate all other considerations. If this nation continues to prevent the socializing of existing knowledge in respect to the causes of delinquency, and the placing of this knowledge and information in the possession of the courts, the social agencies, and the schools, then the outlook is indeed hopeless. It is of immediate importance that our minds be freed of the conception that delinquent children can be cured of their conduct disorders by moralizing about their ailment, by applying the rod, or by depriving them of their liberty. "Delinquency is a disease," said Dr. Thomas Salmon, "that destroys more children than many of the most prevalent diseases of children known to the physicians."

If this statement be true then the delinquent child is entitled to treatment analogous to that given to a child afflicted with any organic or functional disease.

Children are beset with perils upon every hand. The moral and social standards of the community are in many instances contradictory to their experience. The teachings of the public school and instructions upon the lines of religion are in many if not most instances, in cases of children coming into the juvenile court, in contradiction to the experience of the child in the home. Under these conditions, without fault on his part, he is unable to adapt himself to the community standards and keep step with the crowd. To disregard the real needs of the child and inflict corporal punishment in cases of this kind is as inhuman as it is unscientific.

The Causes of Conduct Disorders

Scores of books and pamphlets have been published, developing the scientific aspect of delinquency; conference after

conference has been held in which discussions concerning delinquency have been sound and scientific, yet every year the lives of unnumbered thousands of children who manifest some peculiar phase of behavior are jeopardized by mishandling due to ignorance, indifference, and emotionalism.

There are many offences of juveniles that can be traced directly to recognizable diseases with which physicians are familiar. Cases of this kind do not present so great difficulty in handling as do some others. The origin of the behavior of the offender is definitely known; it is possible, therefore, to dispose of him safely. There are some children, undoubtedly, who come within this classification. If the conclusions of Dr. Glueck can be verified, viz.: that there is a considerable proportion of delinquency secondary to and dependent upon quantitative defects in mental development or mental changes brought about by clearly recognized diseases, then the physician and the mental hygiene clinic have a place in every juvenile court if for no other purpose than to handle cases of this nature.

While, as Dr. Glueck and Dr. Salmon state, there are some delinquents afflicted with organic disturbances, nevertheless it is undoubtedly true, too, that no organic ailment is found in a great majority of cases. If the aid of the physician is necessary in cases of organic ailments, it is certainly imperative in the diagnosis and treatment of functional disorders.

We are now near the field of research into real conduct disorders as they appear in the juvenile court. The inability of certain children to control their acts is due to a functional rather than an organic maladjustment. The personality make-up is involved; impulses and inhibitions must be considered; complexes and rationalizations must be studied for

longer or shorter periods. The primary cause of delinquency in cases of this kind must be determined and a course of treatment prescribed on a scientific basis. Intelligence tests, valuable and indispensable as they may be, are not to be solely considered. Hundreds of feeble-minded and psychopathic children find their way into the juvenile courts. There are greater numbers who are docile, inoffensive, and amenable to training who do not commit anti-social acts. Some other factor in almost all cases of feeble-mindedness must be taken into account. If this is true of the definitely defective, is it phenomenal that it is true in respect to all grades of intelligence on all mental levels? Personality traits and tendencies that make for abnormal behavior develop in individuals of the highest and lowest degrees of intelligence. Is it not the province of the physician, the psychologist, and the child guidance clinic to trace the origin of these traits and tendencies, to interpret them to parents, teachers, and judges and if possible supply the necessary relief? The genesis of these trends that make shipwrecks of life, says a great physician, is often clearly found in childhood; and it is equally apparent that if not corrected in early age the effort to unravel the tangled web later in life is certain to be very laborious and often fruitless.

Crime Begins in Early Years

Enrichment of our knowledge of the origin of human behavior, especially of the kind that reacts disastrously on the individual and society, would result in the discovery that all but a small percentage of crime as we find it in the adult criminal courts originated in childhood and, in so many cases as to be astounding, in infancy. Where there is an effect there is beyond doubt a cause. Freedom of the will must always be

considered in the light of a qualified determinism. In practically every case of crime and delinquency, if we search enough on scientific lines, we find a movable or immovable cause, for which the victim is in no way responsible, notwithstanding unfounded generalizations to the contrary in respect to the motive or force that impels either a normal or abnormal person to act one way or another.

Prevention Must Start in Childhood

It has been demonstrated by the child guidance clinics that the domain in which these facts can be found by intensive research and study, is that of childhood. If we reach crime in the stages of its incipency the problem will be easy of solution, but not otherwise. It is not surprising that we are obliged to maintain reformatories, penitentiaries, and other penal institutions when we reflect on our neglect of children who fail to adjust themselves to the demands of society and our refusal to view them as patients needing expert care and treatment.

Heredity as a factor in delinquency is rapidly being subordinated to environment, using the term in its broad sense.

The conception that feeble-mindedness in itself is the greatest factor found in delinquency is not now conceded by psychiatrists. The treatment of feeble-minded delinquent children is dependent on many factors and cannot be based solely on the mental level of the child.

Who Are the Delinquents?

If it be asked who are the children who come into the juvenile court, the reply in great part can be made definite and certain. They are the children of low mentality, or of psychopathic trends, or of twisted personalities, or hypochon-

driacal children whose reaction patterns have been furnished by parents with imaginary ailments. They are often retarded though not usually feeble-minded children, of whom there is a great multitude that fails every year in the public schools of every state in the Union.

Let us take by way of illustration the 126,000 children in Ohio who failed in 1925 to pass their grades; 95,000 of these were in the common school grades. It was recommended by the State Department of Education that these children be placed on probation in the next higher grades. Experiments on this line revealed that about 70 per cent succeed. On this basis there were about 27,000 of those who failed who will not succeed. No one knows anything definite about these unfortunate children, except that psychologists and psychiatrists know that generally children who are retarded in school are afflicted with some deviation from normal mental and physical health which, if not treated at once and effectively, will be translated into unusual and frequently anti-social conduct. It is from this group with its inferiority complexes, its twisted personalities, its ill health, mental and physical, that the criminal ranks are recruited. Notwithstanding this, these children and all of like type are neglected, persecuted, held responsible and punished. They appear in the juvenile courts and are judged according to adult standards. They are sent to so-called industrial schools for a season and returned to the community with their ailments aggravated, to devastate and destroy. Every child who commits an act which brings him into contact with the law should have such diagnosis and treatment as will prevent his ever becoming a menace to the state.

It will take time, money, research, study; but notwithstanding the time, the expense, and the effort, there can be

no solution of the problems of delinquency and crime until this course is generally adopted. In the meantime the public must suffer and life and property continue to be endangered.

There is no such thing or entity as retardation, truancy, or laziness, as these terms are commonly understood. A study of retardation, truancy, and laziness will reveal the real rather than the symptomatic causes of delinquency and go far toward suggesting scientific methods of treatment. All these give evidence of the sense of inferiority in children so lucidly discussed by Dr. Adler and Dr. Wile. A child cannot be debased and at the same time rehabilitated. A child who has lost his self-respect or his desire for the respect of others is on the way toward delinquency or pauperism. A child must not be given the conception that he is a criminal. That this may be prevented we have ceased hearings in the Juvenile Court in Cincinnati. For the same reason all girls' cases are heard privately by a woman referee. This in girls' cases is imperative if the court and the agencies hope to succeed in their work of readjustment of girls to normal conditions.

Juvenile Court Procedure in Cincinnati

No girls have been committed to the State Industrial School for several years last past and in a population of 1,200 or more boys at the State Industrial School there are but 12 from Hamilton County, which, including the city, has 500,000 inhabitants. Cincinnati now has no House of Refuge, correctional or parental school, or any institution of like kind. The Opportunity Farms have been transferred to the Board of Education and are now a part of the public school system, having no connection whatever with the court, but functioning solely as public schools especially interested in the study and rehabilitation of behavior problem children.

It may be of some significance to add that the schools are now reaching hundreds of children who otherwise would become wards of the court.

In Cincinnati about two thousand delinquent children are brought annually to the Juvenile Court. It is the proud boast of the Community Chest workers during the campaign for funds that these children are handled by the social agencies and the Juvenile Court in a way that saves them from unnecessary suffering, from the stigma of crime, and from possible placement in a semi-penal institution.

It is sometimes urged in defense of a strictly legalistic procedure as distinguished from a socialized procedure having little to do with legal formulae or conventions that the failure to follow the old time policy of committing children to industrial schools in certain aggravated cases encourages delinquency and results eventually in adult criminality. In reply to this it may be averred that Hamilton County with no girls and few boys in the State Industrial School has also fewer inmates in the state reformatories and the penitentiary in proportion to population than any of the 88 counties of the state. This ought at least to be one item of evidence, even though not conclusive, that a scientific socialized procedure which considers the individual rather than the act committed has a tendency to reduce delinquency and crime.

It is evident that delinquent children must be studied and treated individually and not as a group, and that their problems cannot be solved by moralizing or by the infliction of corporal punishment or imprisonment.

If it be conceded, as stated by Dr. Southard, that the mental and physical forces that impel misbehavior are multifarious, elusive, profound, and discovered only in the human organism, is it not evident then that the origin and basis of

anti-social conduct cannot be determined by a brief period of observation on the part of untrained social workers or judges?

The best work of the juvenile court in an increasing number of jurisdictions is extra-legal. The court in so-called unofficial cases functions not as a legal institution, but as a purely extra-legal administrative institution, attempting by methods more or less standardized to treat and cure delinquents and quasi-delinquents.

It is not to be presumed that the means and methods used in one jurisdiction in treating behavior disorders or juvenile delinquency, as it is erroneously termed, must necessarily be the same as in all jurisdictions. The writer is not concerned now with the problem of providing funds, etc., for child guidance clinics or mental and physical examinations. The contention now stressed is to the effect that, until the juvenile courts do provide clinical facilities, delinquency cannot be prevented or conduct disorders cured. A purely legal procedure will effect nothing.

Methods and Resources of the Cincinnati Court

In Cincinnati the following procedure has developed during a course of years of experimentation. It seems to have been effective in saving children from entering criminal careers. An evaluation, however, of the work over an extended period of time will be necessary to determine if in fact the mere prevention of children from entering criminal careers has increased their happiness and usefulness. We believe that it has accomplished much in helping children meet the issues of life. It may be that we will eventually learn the truth about the matter. The procedure we here present briefly; we have appended illustrative cases which we think are typical and which show the practical application of our methods.

In round numbers six hundred children of the two thousand delinquents annually brought before the court are examined in the court clinic. The staff consists of a consulting psychiatrist, a clinical psychologist and laboratory assistant who gives the psychometric tests, and a social worker who makes the initial investigation of home and family.

Of the above, one hundred problem cases where either consultation, psychotherapy, or both, are needed, were referred by the court to the Central Mental Hygiene Clinic in the past year. The staff consists of Dr. Emerson A. North, Director; one full-time and one half-time examining psychiatrist; a clinical psychologist and laboratory assistant; and three psychiatric social workers. We have no method of estimating the number of cases in which the clinic is interested before the court contact which are referred back to the clinic by other departments. The Central Mental Hygiene Clinic is supported by the Council of Social Agencies and the Community Chest.

Where still more intensive examination and observation are needed, the children are referred by the court clinic to the Psychopathic Institute (Dr. Lurie) where a detailed physical examination is made and the child's conduct with other children, with the workers, with the manual training and handicraft teacher, and at school, is observed.

A few older children who cannot be handled in our own city are sent to the State Bureau of Juvenile Research at Columbus for intensive observation over a period of time.

Since it is obviously impossible to examine the 2,000 cases passing annually through the court if the results are to be at all adequate or helpful, it was deemed that the best service could be rendered and the most urgent cases considered by having the probation officer refer cases on the following basis:

1. Children three years or more retarded in school
2. Chronic loafers or industrial floaters (those who fail to get or keep a job)
3. Those revealing any peculiarities of personality, such as
 - a. Extreme stubbornness
 - b. Inability to get along with other children, with family, with teachers, or with employers
 - c. Cruelty
 - d. Uncontrolled temper
 - e. Lack of ordinary adolescent interests, etc.
4. Cases where the general physical or neurological examination showed anything significant
5. Children whose first appearance in court was due to a delinquency of a serious or peculiar nature
6. Children whom the probation officer, the Big Brother Secretary, or the Big Brother himself felt to be particularly in need of a plan carefully worked out on the basis of a complete social and mental investigation
7. In addition, all other children considered for one of several institutions are given a complete examination
 - a. Children considered for Hillcrest or Glenview, the two public schools designed especially for the study of behavior problem children
 - b. The few cases considered "hopeless" where all possible re-study is desired before finally deciding on segregation in so far as the law permits or has provided institutions for such cases
 - c. Children considered for the Columbus Institution for Feeble-Minded or the few who have early developed a psychosis

Examples of Preventive Effort

A case example—typical of group 3—is that of Walter Munsey, a restless, hyperactive child who is failing in school

and beginning to be a behavior problem there. Social investigation shows a bad home. The father is living immorally with a domineering woman, who, the psychiatrist says, has "succeeded in making a failure of her own children." Psychometric tests show the boy to have average mental capacity; the motor unrest, twitching, bad tonsils, rheumatism and defective heart, point to the possibility of chorea. He is sent to the Central Clinic, where after a thorough examination and after a conference of social workers, psychologist, and psychiatrist, a plan is devised, both for persuading the father to leave the woman with whom he is living and to provide better surroundings for the boy, and for further observation and treatment under clinic care.

Another instance of group 3 being handled at the present moment is Holzer, a typical nervous child with no outstanding physical defects and no defect of intelligence. He is the child of a well-bred, well-educated father (paternal grandfather principal of one of the public schools of a large city) and a flighty, foolish, sexually promiscuous mother, with average mental capacity and no mental ballast. Due probably to the mother's inadequate methods of training, the boy developed habits of wetting the bed; biting his nails; walking, talking, groaning and gritting his teeth in his sleep. He is restless, excitable, afraid of the dark, has temper tantrums in the course of which he rolls wildly on the floor and scratches his face until it bleeds.

The father having divorced his wife and later having married an intelligent woman of sound judgment, the stepmother was sent to the Central Clinic with the child. There they will observe the patient and prescribe methods of re-education or reconditioning which the stepmother can follow to allay the symptoms of nervousness and incipient misconduct.

Some children are not taken to a court or agency until more exaggerated adolescent delinquencies bring them to the attention of the police. The situation then is less hopeful. Years of bad habits are as hard to counteract as generations of bad heredity. The following case is indicative of the neglect of an early identification of children in need of treatment.

Mother, hypochondriac and probably psychotic, a pathological liar and a gambler. Father, none too bright, but simple and straightforward. Clarence, the son, with strong ties of affection for the former; evidently imitator of her hypochondriacal symptoms and of her lying from babyhood and later of her gambling. Not brought to the attention of the court or clinic until he stole an automobile at 17 years of age, and was referred by the police.

A case of this kind shows the need of a complete history and examination and unfortunately exemplifies the difficulties of treatment after the condition has existed for years.

Ultimately the Schools Must Prevent Delinquency

It appears to us, taking into consideration the limitations of a court as such attempting social work, that the public school is at present the only available institution equipped or capable of being sufficiently equipped to study and know the material that finally takes the form of delinquency. The psychological division of the vocational bureau of the public schools of Cincinnati, working in connection with the truancy department, takes care of practically all cases of truancy without court action.

In many jurisdictions Marie, a fourteen-year-old girl, would have been committed to some institution for truancy and incorrigibility. Her case is typical of hundreds that are

found in the schools. She was absent from school intermittently for weeks. She ran away six or eight times. On one of her trips she slept two nights in a furnace. She was large physically and became loud and rough, sometimes venomous in her actions. The only part that the court had in this case was that of making it possible by a court order for the school authorities to send her to that which was in fact, if not in name, a child guidance clinic for observation and treatment. She improved markedly and in less than two years there was a decided mental improvement. The girl is not now and, in our judgment, never will be in an institution. The court claims no credit in the process except that of recognizing that the girl needed the services of a psychologist and psychiatrist.

The number of truancy cases in court has been reduced to a minimum; and even in these cases the only justification for a court order is that of compelling the parents to submit to the orders of the school authorities.

The schools and the social agencies, with the aid of the mental hygiene clinics, can take care of practically all the delinquents in any community. We believe the experience of the juvenile courts and the child guidance clinics justifies this statement. If the schools of Cincinnati can prevent in great measure retardation and truancy from passing into delinquency—and we know this can be done—then other abnormal traits of behavior can be prevented largely from developing into serious disorders. If the public schools, the social agencies, and the mental hygiene clinics were to take over the administrative work of the juvenile court it would result in an immediate decrease of the population of our industrial schools, as well as that of all other institutions of like purpose and organization.

It is imperative that educators assume the responsibility

for the welfare of delinquent children. It is a problem of education. The indispensability of psychological and psychiatric clinics in the schools and the court must be conclusively demonstrated, otherwise we shall continue to find children under the school age, as we now find them in many localities, in jails, workhouses, and other penal institutions. The great work on scientific lines of Healy, Wile, Glueck, and other eminent psychologists and physicians is of no consequence so long as multitudes of children perish with the stigma of criminality upon them. Public opinion and public sentiment must keep pace with progress in knowledge, otherwise there can be no relief for unfortunate children notwithstanding the organization of child guidance and mental hygiene clinics.

THE CHILD GUIDANCE CLINIC AND THE PUBLIC SCHOOLS

BY WILLIAM L. CONNOR

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THE need for the child guidance clinic has arisen out of the inadequacy of the three most fundamental institutions of society to deal as successfully as their leaders would like with the mental and emotional life of growing children. If these institutions were adequate they would provide almost universally for the development of types of personality acceptable to society and satisfying to the individual himself. The three institutions are the home, the school, and the state.

The present dissatisfaction has arisen in spite of the fact that these institutions probably never at any time dealt better with child life than they now do. But there has been in recent years a vast increase in scientific knowledge and technical skill, particularly in the field of understanding and managing the emotional life of children, and there has also arisen a new social consciousness which demands that each human unit shall function efficiently and that every human being shall be permitted personal satisfaction in living; and the knowledge gained through these developments has aroused a critical attitude toward certain existing institutions, particularly the school and the home. Yet society has no other institutions to which it may turn in the effort to provide an environment suitable for the best development of the child. In fact, society now values school and home more than ever before and is

trying to understand and improve them and to give them the supplementary services which will enable them to function more satisfactorily. The child guidance clinic, developed in the light of the new understanding of human behavior, is one of these services with which society is hopefully experimenting.

Shortcomings of the School

Criticism of the school as a social institution arises in part from its failure to realize the classical ideal of education. Plato taught that justice is the harmonious relation of man to society and that the chief instrument of justice is free education—education freely pursued to a satisfying conclusion for the individual and for society.

In thus formulating the classical concepts of justice and education, Plato probably meant that in a state where justice prevails every man would find his place according to his interests and his abilities, and would be happy in serving in it. Perhaps he also meant that the best way to achieve this justice is through an education in which every child is led along the path of his own interests to worthy purposes, and encouraged to further these purposes to his own limit. If this is true, perhaps much, but not all, of the best modern educational philosophy is the result of a re-examination of the work of the classic philosophers.

Aristotle, Plato's ablest pupil, and later his chief rival, sought the ideal of universal knowledge and the production of textbooks through which it might be transmitted to others. Perhaps the most unfortunate thing in Plato's philosophy was his emphasis upon universal or absolute truth, and his belief that it might be known and applied to the affairs of men. The Christian world accepted this doctrine and finally came

to believe that universal truth was wrapped up in the Bible and such parts of the works of Plato and Aristotle as were preserved to them. This made education a perfectly static thing for more than a thousand years and committed it to requiring pupils to study textbooks and recite lessons as the chief methods of work.

Francis Bacon lived and worked at a time when strong-minded men everywhere in the western world were struggling to free themselves from the schoolmen of the Middle Ages. He brought their discontent to a focus and projected it forward as an organized system for scientific investigation and thought. He definitely freed the minds of the leaders from their bondage to Aristotle; and the application of his methods of observation, experiment, and deduction has so added to the store of human knowledge that it is no longer possible even for the learned to comprehend its immensity.

But while Bacon succeeded in freeing the intellectual leaders from the strait-jacket of Aristotle's written works, he did not free the school from Aristotle's practice of writing information in textbooks and using these textbooks to teach young people in the schools regardless of their interests or the usefulness of such information to them. The course of education since Bacon's time has been to reduce each new discovery of the human mind to its simplest and most abstract form, organize it logically, and press it down into the confines of textbooks for boys and girls of that and succeeding generations. Today, or rather twenty-five years ago, the educational world was in a position of trying to teach everybody everything and in so abstract a fashion that only the most intelligent ever got anything but words, words, words, and only the most docile were happy in the getting.

During the last twenty-five or thirty years, under the lead-

ership of such men as James, Dewey, Kilpatrick, and Bode, the schools have begun to break away from the bondage of the Aristotelian idea of education and to revert, in part, to the earlier philosophy of Socrates and Plato that justice is the harmonious relation of man to society, and that the chief instrument for working justice is free education.

But America has been handicapped in her efforts to reach this ideal by the fact that her schools, to begin with, followed the then-existing European models. These schools are still at the root of the system. For three hundred years elementary schools in the United States have been growing upon the root-stock of the elementary school of the period of the Protestant Reformation. During the same period American high schools and colleges have grown upon the root-stock of the medieval university. The most marked tendency to change has been to push materials from the curriculum of the higher into the curriculum of the next lower school. However, changes in the physical plant, especially in centers of wealth, give the impression of great and general improvement.

America has supported her schools by private beneficence and public taxation, extended education universally, endowed it in most cities with magnificent buildings and equipment, made it available to all by the reduction or abolition of student fees, passed laws making attendance of youth up to sixteen or eighteen years of age compulsory, and called it free education. Now she sits back wondering why the scheme has not worked perfect social justice.

But this critical summary of the course of American education requires one modification. While it would have been a close approximation to the whole truth thirty years ago and is still not far from the truth for the country at large, pro-

gressive cities and towns are recognizing more and more the need for special schools, including vocational schools, and are giving some attention to the task of helping pupils to find themselves in school and in society after formal education is over. The main devices at present used for this purpose are elective courses, special schools, occupational and educational information courses, educational and mental testing, educational and vocational counselling, scholarships for able but needy students, and industrial placement service. Lately a few cities have recognized the need for psychiatric services designed primarily to help pupils whose mental and emotional processes do not function as they should to happier and more successful living. This is child guidance, as the term is now coming to be understood.

While the modern leaders in the philosophy of education have pointed out for years that one of the purposes of education is to produce an integrated personality through interesting and useful work, and that traditional education tends to produce a divided personality, a new spirit has burst upon the scene in the form of the recently developed sciences of dynamic and analytical psychology with unique techniques for understanding and exploring the divided personality and helping it to unity. The important facts to get clearly before us are that the psychiatrist sometimes finds formal traditional education to be one of the factors thwarting the normal development of a healthy personality, that philosophers who see the individual and society in the large discover the same condition, and that practical curriculum makers are accepting their findings and trying to apply them in their work.

Additional School Factors Affecting Behavior

☪ We see then how the traditional curriculum became estab-

lished in our schools and how in the light of the newer science, the revisionists are contending against the repressive influence of this curriculum. But even if they should succeed wholly in providing a proper and adequate curriculum for every child, the need for guidance work would continue, although much reduced in importance.

Two other disturbing factors seem to be present in the school itself. One results from the fact that normal personalities tend either to adjust themselves to each other comfortably or to clash when compelled to work together anywhere. This is not always recognized in the schools, yet it is as true between one pupil and another and between the teacher and the pupil as it is in life in general. The other point is that in the view of qualified students the clash between teacher and pupil is intensified by the fact that some teachers in the public schools have not yet succeeded in working out a normal social adjustment for themselves. How important in producing behavior problems are clashes of personality in comparison with the repressive effect of adherence to the traditional curriculum only time and patient investigation will reveal.

But the school makes up the child's environment for only one-sixth of his whole time—probably about one-fourth of the time he is awake—and during the time he is not in the classroom he is frequently subjected to various stresses and strains much greater than those produced in the school itself. In all probability, too, there are some healthy minds which are still so far from the average that no imaginable flexibility of the curriculum would enable the school which is unprepared to use refined techniques in guidance to do other than repress, in its own defense, the child possessed of such a mind.

Dissatisfaction with the Home

Of the three institutions mentioned at the beginning of this paper the family and the school are perhaps the most fundamental in child life. Neither can be dispensed with but both fall far short of being perfect instruments for the rearing and education of children. We have glanced at the effects of tradition entrenched in the school and have suggested that modern developments like the child guidance clinic, curriculum revision, and various supplementary services looking toward individual adjustment may be expected to alleviate certain difficulties. We turn to an even briefer consideration of reasons for dissatisfaction with the home.

It is but a truism to point out that in our large cities the heterogeneous population, the struggle for existence among the poorer classes, and for position, ease, or excitement among the middle and upper classes, and many other factors, complicate life for all children, and hence intensify the problem of rearing and educating them successfully. A few disturbing factors of a more concrete character may be suggested. For example, the social conditions produced by the bootlegger whose family lives under the fear of the law and whose customers are debauched are not unknown to the child. This knowledge frequently affects his emotional life—most seriously when he is a member of a family directly injured by these conditions. Some boys may fall under the influence of the corner grocer who sets a basket of peanuts near the door and laughs when small boys coming from school sneak in, stuff their pockets and run, half in fear, and half because they suspect and want to play their part in the game the grocer is playing with them. Such a game, though only a game, schools the child in petty theft. Last, but not least, the family in

which either the father or mother has outgrown the other and which, as the result of the unequal situation, maintains a high state of tension most of the time exhausts the child as it does the parents through the emotional strain even if it does not injure him in other ways.

Extent of the Problem

There is no pretense here of a complete analysis of the stresses and strains set up by the inadequacies in home and community. We have merely suggested some of the conditions which are discovered when the environment of problem children is examined, and must be in a measure improved if the child is to be helped. Case studies presented in *The Visiting Teacher in Rochester*, *The Problem Child in School*, and *Three Problem Children*,¹ reveal the inadequacies of the home, the school, and the community mentioned here, along with many others.

Experience shows that in every thousand children examined at one time in an elementary school there are approximately forty or fifty who are so poorly adjusted to home life or the work of the school that they are in some danger of becoming delinquent and eventually mentally unstable or criminal. At present, while some of these children are being adjusted, the problems of others develop or are revealed. In other words, the immediate effect of psychiatric service in a school is, apparently, to open up the problems concealed just beneath the surface and to encourage teachers to seek a remedy for troubles which would otherwise be sup-

¹ These publications and others in the field of child guidance are obtainable from the Commonwealth Fund Division of Publications, 41 East Fifty-seventh Street, New York, N.Y.

pressed. Many of these cases of maladjustment cannot be treated without recourse to careful scientific work. Probably three-fourths of these unfortunate children can, under the observation and management of a visiting teacher trained in social and psychiatric case work, be brought into normal relations with the school. Provision of psychiatric services, in addition to those of visiting teachers, ordinarily hastens scientific diagnosis and successful treatment in the three-fourths of the cases easiest to help and will usually be required if the other fourth are to be helped at all.

The Child Guidance Clinic Movement

The child guidance clinic, then, has come into existence as one of the agencies through which society hopes to offset the deficiencies of the school and the home by seeking to bring about a better social adjustment of individuals during the early formative years. Since other papers in this group have sufficiently dealt with the theory, development, and practical organization of child guidance clinics, it is unnecessary further to describe the movement at this point. Influenced largely by the pioneering work of Dr. Healy which began in 1909 in the Chicago Juvenile Court, the movement has broadened into an effort to meet the needs of unadjusted children in the entire community and is increasingly directed toward children in the earlier age groups. Particularly has the development of the clinic movement been accompanied by an increasing consciousness of the school's responsibility for the adjustment of its own problem children before they become cases for other community agencies or for the juvenile court. The development of the visiting teacher as a

school specialist to deal with such children is closely related to the growth of the child guidance clinic.

Cleveland Schools and the Clinic

Demonstrations of child guidance clinic work conducted during the last five years have resulted in the establishment of permanent clinics in a number of cities including Cleveland. It is on the basis of actual experience in the relationship which has been developed between the Cleveland school system and this community clinic that we may consider somewhat concretely the nature of their association and the problems which the school brings to the clinic.

Not infrequently the Chief of the Bureau of Educational Research in Cleveland is called into a school where an earnest and intelligent principal, struggling with problem children, is puzzled by her failure to help them materially. Only recently, one of the ablest principals in Cleveland brought up a list of ten children whose problems had overwhelmed her. In her opinion they were cases where the family would not cooperate, and could not be brought to cooperate by any social agency whose services she was willing to use. In fact, she was sure that these families were totally unfit to retain their children and should be relieved of them. Yet in every case the court had declined to take her viewpoint even when backed by the opinion of the social agencies whose assistance she had sought. In one home, the father was a drunkard, in another he was a philanderer, in the third the mother was suspected of drunkenness and immorality, and in the fourth the parents were simply so irresponsible that a boy ten years old had acquired the habit of gathering his meals where he could, and had become quite expert at getting the sympathy of kindly housewives, thus securing a repast more satisfying

than he could at home and a sympathy accompanying the service which was perhaps even more satisfying than the food.

This principal had worked hard. She had visited the homes in every case. The teachers who taught the children had visited the homes, yet they had made no impression upon the parents whatever. They were not trained social case workers, and yet they believed thoroughly that if they could not help the situation by their spare-time ministrations, it could not be helped. They knew nothing of psychiatry, or the psychiatric approach to problem cases. They were willing to have the Bureau of Research tell them all that it could about the children, on the basis of physical, psychological, and educational examinations, and in respect to grade placement; but they were not willing to call in a psychiatrist or a visiting teacher because they believed they had done all that such workers could or would do. They represent a conscientious group of principals and teachers who believe that the whole child comes to school and should be understood by them, and that there is no way to attain understanding other than by their own personal efforts. They do not yet believe in the function of psychiatric and social workers. The answer to our suggestion that the psychiatric clinic be called in was this: "If we begin that, we shall relax the sense of responsibility for knowing the whole job which we have built up as teachers. We shall soon become mere teachers of subject matter, and the real moral education of our children will pass into other hands. We do not believe in passing on to someone else what it is our obvious duty to do, and what we are as well prepared to do as they."

On the other hand, in another school, a principal, likewise earnest, believed that there were no problem cases in her

school which she could not herself handle. In this school, the application of group and individual psychological tests, physical examinations, and a behavior problem survey, revealed fifteen or sixteen cases which she was willing to have the psychiatric clinic work upon. Several of these were cases in which the pertinent facts were all similar, and somewhat like the following: intelligence, above average or superior; educational test record, above average or superior; class marks, barely passing or failing; behavior survey report, idle, dreamy, or annoyingly overactive, occasionally quietly stubborn, seldom defiant. Psychiatric examinations revealed the suspicion on the part of the teacher that these children engaged in sex play, and in at least one or two of the cases the suspicion was not unfounded. The teacher had taken a dislike to these children and was visiting upon them injustices and repressions which she did not herself recognize. She was very sincere in her belief, for example, that the children were poor in their work and not very bright—perhaps even dull—when as a matter of fact they were rather bright, and exceptionally good in their work as revealed by the tests. When the situation was revealed in its true light by the psychiatric investigator, and the teacher's cooperation was secured, the children were gradually restored to their right places in the classroom. None failed of promotion and some happily took the position of leadership to which they were entitled.

Attitudes of Principals

Two or three years ago the principal in the second case was just as certain as the principal in the first case still is that the psychiatric clinic and the visiting teacher could be of no use to her. The principal in the first case has consented to a careful examination of her school by every means except that of

the psychiatrist. In all probability, when this examination is completed and she sees that no resource is left for some of her problem cases except psychiatric service, and realizes that other workers whom she has come to trust believe in such service, she will consent to use it. Thus one more principal will be won to the use of the community child guidance clinic.

When such a clinic is called into this school to examine the problem children which the educational testing, psychological, and medical services of the public school cannot deal with adequately, a new sorting will probably be made on the basis of the services the clinic is able to perform. Children of very low intelligence will in many cases be rejected or sent to the class for mental defectives if they are not already there on the recommendation of the psychological clinic. Cases of nervous or mental disease due wholly to physical disorders will be turned over to the medical staff. Those children who are sufficiently intelligent to cooperate with the psychiatrist and whose nervous or mental difficulties arise out of mental conflicts, regardless of whether they are brought about by physical difficulties, social maladjustment, or maladjustment in school, will be studied and given treatment. The treatment will be carried out largely by the home and the school in cooperation with the psychiatric social workers from the clinic or a trained visiting teacher employed by the school.

Some principals recognize, immediately psychiatric service is described to them, that it offers a new set of techniques for the understanding and control of the bad social habits of some of their children. The boy who lies, steals, fights, or plays truant, and the girl who cheats in written work or makes herself too obviously or coarsely attractive to the boys in her class, are easily located, and the clinic will as a conse-

quence receive many of these cases for study. On the other hand, the child who deviates from the normal because he lacks initiative and is inattentive or dreamy will perhaps escape attention. Here it is the duty of the clinic to call attention to the fact that the rough and tumble and the give and take of social intercourse will frequently take the sharp corners off the extrovert, while the introvert is more apt to develop a highly abnormal and inadequate personality which may result in life-long unhappiness. The bright child who is somewhat accelerated is particularly apt to suffer in this way because both his classmates and his out-of-school associates are apt to use physical force, or the threat of physical force, to keep him in his place. It is this child who is frequently the most difficult to help in inexpert ways, and easiest to help under proper psychiatric treatment. The clinic will be particularly useful in locating and helping such children.

How the Clinic Helps Parents and Teachers

As noted above, the treatment of psychiatric cases practically always calls for the correction of conditions in the home and school. In this connection, the psychiatrist and the psychiatric social worker find it necessary to study individuals in home and school to get at unsatisfactory adjustments and help to make corrections. The father may feel that he is chained to a job where his best efforts go for naught because of an associate whose activities are beyond his control. His daily frustration at work may be at the bottom of his use of unduly severe discipline in the home. The teacher may have been defeated socially or professionally by an associate whose ethical standards are beneath her own. She prides herself upon her superior virtue, feels disgusted at the minor infractions of the rules of the school or her own social standards by

the boys and girls in her classes, and exaggerates their behavior into serious sin. As a result she is unduly severe with lively normal children and may suspect them of being "not nice" or perhaps even immoral.

The psychiatrist discovers such difficulties as these and helps the adult in a measure to lessen the tension under which he works. This in turn relieves the tension on the child and makes it possible for the psychiatrist to deal with him more effectively.

Any sincere teacher who has gone through the experience of having some of her own mental conflicts relieved in order to help the lives of the children under her control is ever after a happier, more understanding person—one who believes less in the existence of natural perversity and more in perversity due to environment, human and material, a perversity which can be corrected in part at least by correcting the environment of the child. Similarly, the parent who has been helped to overcome his own difficulties for the sake of relieving the difficulties of his child becomes a saner person, less apt to provoke the same difficulties in another child, and, incidentally, may be an advocate of the kind of parental education which helps fathers and mothers to maintain a more suitable environment for the development of the mental and emotional life of themselves and their children.

The clinic can spread ideas concerning the preservation of mental health in individuals and in groups. It can and does call attention constantly to the need for dealing with the beginnings of behavior disorders or mental ill health, thus preventing the serious situations which are apt to result.

The community child guidance clinic may hold demonstration conferences for teachers and other school workers at regular intervals. In each of these staff meetings the case of

one child is taken up and analyzed thoroughly, and the psychiatric method of approach illustrated. At the same time the conditions underlying the need for psychiatric help are explained. These demonstrations serve two functions. First, they make the teacher or the school officer conscious of the need in his school for psychiatric help, and second, they act as a preventive in that they call to the attention of the school officer the factors in the school which provoke behavior difficulties, and direct his thoughts to the removal of these factors rather than toward the establishment of exclusively corrective devices for handling behavior problems which they have already developed.

Then, too, the clinic can help spread the idea that a child who has mental and emotional problems to solve is in much the same position as a tubercular one: he needs rest treatment over a long period if a cure, or even decided improvement, is to be brought about. This means that the problem child must have the care for months or even years of a visiting teacher who is a trained social psychiatric case worker. This the schools must sooner or later provide.

In a large city where there is a university or a school of education which offers extension courses the workers in the psychiatric clinic may give courses for teachers and parents and may stimulate the inclusion in regular training curricula of other courses designed to give prospective teachers the social and psychiatric viewpoint. The child guidance clinic can assist in conducting exhaustive surveys of particular schools to locate problem children, diagnose their cases, and arrange for treatment. If the children discovered in such a survey are treated successfully, the experience of the survey may be used through personal work to educate the principals and teachers in the schools in question, and later, in printed form, to edu-

cate other principals and teachers who have not had experience with the clinic.

The Clinic and the Curriculum

Not infrequently the psychiatric clinic is confronted with the problem of finding a course or a school adapted to the needs of the problem child. Whenever this occurs the need for more diversified educational opportunities is made apparent. One of the very vital services, then, which the community child guidance clinic can perform is to keep alive the curriculum revision movement and to point out that the job should be done thoroughly enough to meet the real needs due to differences in the abilities, interests, and probable future of the children of all the people. The psychologists have pointed out that the attempt to educate the child in courses not suited for him is largely useless. The philosophers suggest that it results in a divided personality. It remains for the psychiatrists to point out that the result of such misapplied educational effort may be a personality difficulty serious enough to reduce greatly individual and social efficiency and in some cases to push the child along the road to pauperism, insanity, or crime. Knowing this, the provision of special courses and schools adapted to the abilities of children becomes well-nigh imperative, where formerly their establishment seemed merely a more or less desirable thing to do in the course of school expansion.

Primarily, however, the chief function of the child guidance clinic is not to relieve the personality difficulties of teachers and parents or to stimulate a better organization of the curriculum of the school, but to help correct personality defects in children and to prevent the occurrence of so many of them. It tries to get at the mental and emotional diffi-

culties of children through a coordination of physical, mental, educational, social, and psychiatric information about the problem child. It maintains the workers necessary to gather this information, and in cooperation with a school system which already provides medical, psychological, and educational testing services, may merely add psychiatric and social services and act as a coordinator in interpreting all the data for the good of the child.

Questions of Organization and Administration

Our recent experience in Cleveland may illuminate more concretely some of the problems involved in the administration of the child guidance clinic in relation to the public school system. Conditions vary with different cities and this whole range of problems must be regarded as still in the stage of experimental study where it is unwise to attempt to urge a fixed plan upon any and all communities.

The officers in charge of a school system may realize the need for psychiatric service without any stimulus from the outside and may make arrangements with practicing psychiatrists in the community to examine and treat the most serious cases among their problem children. For a number of years previous to the arrival in Cleveland of the demonstration clinic, the psychological clinic of the Board of Education had such arrangements with a number of Cleveland psychiatrists. The officers in charge of medical examiners, the psychological clinic, and the Bureau of Educational Research frequently discussed the advisability of adding a psychiatrist to either the medical or the psychological staff. They hesitated to act because of the fear that they might not be able to get a psychiatrist who would fit into the social-educational atmosphere of the school system.

During the two years from December, 1924, to January, 1927, the demonstration child guidance clinic as provided under the auspices of the Commonwealth Fund Program for the Prevention of Delinquency and conducted by the National Committee for Mental Hygiene, filled this need in the public schools unusually well. During this time the question was raised as to whether such an organization should be made an integral part of the school system. The decision for the time being at least has been rendered in favor of a community clinic supported jointly by the schools, various social agencies, and the juvenile court. It seems reasonably certain that the new community clinic cannot render all the service which needs to be rendered in Cleveland without additional financial support. It is also true that, if the clinic were two or three times as well supported as it is, the use to which it could be put, in view of the degree of the understanding which school officers as a group now have of the movement, would probably not justify the organization it could then maintain. There is, of course, every reason to believe that the understanding of the child guidance movement is growing and that the present limitations on its usefulness are merely a temporary state of affairs, no more and no less true for Cleveland than for many other cities.

The recognition of the need for the comprehensive study of problem children by highly trained workers is after all just beginning to make headway in this country. So new a movement may well be content with its recent growth and should seek solid foundations rather than rapid expansion. The work will exhibit a healthy growth in Cleveland as elsewhere, only as its methods, its successes, and even its failures become generally known among principals and teachers. The social-psychiatric technician can help only the individual,

school, or community which is seeking help. If the demand exceed the supply of competent psychiatric workers, quackery of the most dangerous sort is likely to creep in. Let us hope that the recognized need for psychiatric services and the supply of competent, fine-spirited technical workers may keep pace, one with the other, until the field is clearly defined and adequately served.

WHAT KIND OF MENTAL HYGIENE SERVICE DO CHILDREN'S AGENCIES NEED?

BY ETHEL TAYLOR

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To try to prescribe for all communities, with their manifold variations of development in child-caring work, exactly the kind of mental hygiene service any of them might need would be a reckless undertaking. Communities and agencies, like individuals, have a way of differing from each other not only in inherent native qualities but in stages of social growth, and as with individuals, the stages of social growth are not always coincident with chronological age. We have organizations and communities that are thoroughly mature chronologically but that are functioning socially on a plane suitable to their chronological childhood. These are cases of arrested development, as real and as tragic as those of individuals who weather their way through adult life on the basis of emotional mechanisms or intellectual development characteristic of childhood. On the other hand, we have organizations and communities that may be considered precocious; that in spite of being relatively young, chronologically, are functioning as well as present-day knowledge permits them to function. It is clear that organizations and communities, like people, are molded by the events of their lives and are more or less products of the ideas and happenings that they have themselves produced, or that have come to them from without. As these ideas and happenings are infinitely varied, the organizations and communities which they have produced

are likewise infinitely varied; therefore in order to determine, for instance, the kind of mental hygiene service they should have, they need individual study and advice shaped to their individual needs. They need, in other words, community case work. Because of this need of individualization of communities and organizations, this paper does not attempt to write a blanket prescription for a mental hygiene clinic service guaranteed safe for any of them but rather seeks to determine a few fundamental principles by which we may be guided in the organization of such service.

What Is Meant by a Children's Agency

At least one definition is needed, namely: What is a children's agency? Broadly speaking a children's agency is any which is organized primarily to meet some need of childhood. Such a definition would include schools, recreation agencies, health agencies, and organizations conducting research and propaganda on behalf of children, as well as agencies serving individual children who present some specific economic or social or personality problem.

Tempting as it would be to pursue our subject into all these fields, particularly into the realms of education and recreation, we are arbitrarily for the purpose of this paper limiting our definition to those agencies which deal with children on an individual basis and are under the necessity, therefore, of using the technique known as social case work. This includes juvenile courts, child-placing societies, societies to protect children from cruelty, institutions for children, juvenile protective societies helping boys and girls, and visiting teaching. These agencies, because they are up against the necessity of finding some practical solution to the pressing problems with which the children in their care every day

confront them, are perhaps more eager for help from the mental hygiene field and more deeply concerned about its development than are agencies which have not the same imperative responsibility for individual lives.

Relation of Case Work and Psychiatry

In considering the kind of clinic service these case-working agencies need, we are forced to the more fundamental consideration of the relationship that should prevail between social case work and psychiatry. From its earliest beginning case work at its best has emphasized personality and has sought to give individuals opportunity for self-expression and for balanced living. It has constantly used the specific need of the individual that brought him to its door as a sort of diagnostic and treatment spring board from which it dove beneath the surface of complaints and explored the depths of contributing causes. Among these contributing causes, it frequently saw conflict between members of families, inadequate ideals of conduct, conflict between the desires of the individual and the standards of the group, inability on the part of individuals to face the realities of their lives or to grapple with them effectively even when they did face them. All these disabilities case work has struggled with valiantly, and sometimes with brilliant success. For the vagaries of human nature it developed tolerance, and for erring or ineffective people themselves an attitude that on the whole was non-condemnatory, sympathetic, judicial, and objective. For its insight into the character forces of its clients, however, it had to rely mainly on the evidence of overt behavior, lighted by such practical understanding as intuition, imagination, and past experience could give. As fast as other fields, such as medicine and psychology, were able to give definite help, case workers used

doctors and psychologists as consultants. Within the past decade, however, a light has begun to shine at another point on the horizon and this new light, modern psychiatry, the case worker sees illuminating many of the corners and subterranean channels of personality that hitherto have been too dark for her to see. In her elation at the revelation she has sometimes become a little giddy, a little too prone to act as if the new light were, by itself, sufficient to cure her most perplexing problems. Sometimes, too, have not the psychiatrists, through whom the light is disseminated, like other pioneers in the first flush of accomplishment, tended to accept responsibility a little too generously? Now, however, that the somewhat tipsy joy of discovery on the part of the case worker, and of initial achievement on the part of the psychiatrist, is sobering into a more realistic understanding of each other's functions, each is viewing the other with honest inquiry as to what their relationship should be. The answer to their common question will be expressed concretely in the kind of clinic service the psychiatrist will give.

When Should Specialized Psychiatric Service Begin?

We are all aware that, with the recognition of the mutual value of psychiatry and case work to each other, a movement has developed to give some knowledge of psychiatry to case workers. The workers who received this education have been called psychiatric social workers, and most of them at first became attached to clinics, state hospitals, or other forms of service clearly recognized as having a mental health function. When clinics began dealing with behavior problems of children, however, they entered a field where case workers were already active. Immediately there arose a question as to the type of mental hygiene clinic service the case workers

should have. When a clinic staff consisted only of a psychiatrist or psychologist, it was obvious that the case workers could get only consultation service—that they themselves had to give the psychiatrist sufficient history to enable him to see the problem and that they had to utilize his interpretation or diagnosis in their treatment. But when the clinic staff consisted of psychiatrist, psychologist, and a member of the new species, a psychiatric case worker, the issue became confused. In some instances, the non-psychiatric workers themselves felt that cases presenting acute conduct problems should be laid upon the doorstep of the clinic, like abandoned babies, to be dealt with as the clinic staff saw fit. They were willing to withdraw from these cases entirely except in so far as their oversight might be necessary for such practical matters as payment of bills. When clinics and psychiatric social workers were willing to accept the inclusive responsibility thus trustfully laid upon them, it is possible that the immediate results on the small number of cases that they could thus absorb were better than they would have been had the non-psychiatric case workers struggled to gather pertinent diagnostic data and to apply ill-digested psychiatric advice. The long-time result upon the work of the social agency and the non-psychiatric case worker, however, seems not to be so good. To relinquish a difficult problem is to lose the educational effect that comes from an attempt to treat it. Vicarious experience may have some educational value but not as real and lasting value as direct experience. Furthermore, when the top layer of most troublesome problems is drawn off, there appears underneath a great number of minor or incipient problems that the non-psychiatric worker must still deal with on a pragmatic basis. There is an educational connection between these minor, less-advanced problems and the major, well-advanced

ones, but when a psychiatric worker is handling the well-advanced problems the non-psychiatric worker has little opportunity to understand their development through just the stages which some of her other cases are exhibiting. She therefore misses the insight she might develop, fails to evaluate correctly the small signs of maladjustment shown by her less-advanced cases and therefore, unless accident intervenes, is likely to permit their development to the stage which qualifies them for the service of the clinic and the psychiatric worker.

What Is a Problem Case?

As mental hygiene itself develops more knowledge of prevention, it confirms the idea held by some case workers that there is no sharp distinction between a problem and a non-problem case. It formerly was the policy of one child-placing agency to accept from the court, schools, parents, or other sources, children who exhibited anti-social behavior of various kinds, and were, therefore, labeled problems. But it was the experience of this agency that many children who came to it for other reasons were just as real problems. A baby who comes into care because his mother has to go to a hospital for an operation tries to tyrannize over the adults about him by screaming till he exhausts their endurance. A girl of seven in the care of the agency for two years because of the death of her mother suddenly and unaccountably begins to steal. A boy of twelve who must leave an orphanage because he has reached the age limit is a persistent bed wetter and no physical cause can be found for his malady. Are not these "problems"? Will the case worker in the children's agency help them as effectively as she might if she had some understanding of their psychological basis?

Because there is no sharp line between problem and non-problem cases, because every children's agency is dealing with both children and adults who exhibit unhealthy personality trends in every stage of development, it would appear that there is no clearly defined group of cases that can be turned over completely to a clinic staff. It would appear, in other words, that a children's agency does not have one group of cases that plainly require psychiatric case work and another that can get along with non-psychiatric case work. Going still further it would appear that no new type of case work was discovered when the term "psychiatric case work" was coined but rather that all case work is essentially the same in content and method and that psychiatry gives to all case work new knowledge enabling it to deal with its problems with greater precision.

Consultation Service the Chief Need

Translating this conclusion into practical service to a children's agency from a mental hygiene clinic, it would appear that in the main the children's agency should avail itself only of consultation service. Its case workers should provide for the clinic staff a social history which includes data on health, intellectual ability, and emotional adaptation to life, and it should fit the recommendations of these consultants as far as possible to the daily life of the child. This seems to be the first principle in organization of clinic service for a children's agency to which our reasoning has thus far led us.

Guidance by Trained Workers

But, it will be said, it is impossible for two reasons for many children's agencies to do this: (1) their understanding of health and personality problems is too limited to enable

them to gather data which the clinic needs; (2) they are carrying so many cases that even if they had adequate knowledge of physical and mental health, they still would not be able to put clinic advice into effect because they can give too little time to individual cases. We look forward to the time when every case worker will have training in mental and physical hygiene in order that her contribution to the understanding of a child may be pertinent and intelligent. Unfortunately, comparatively few case workers at the present time have had this training. Therefore, in our transitional period to the time when they shall all be so equipped there is need for consultation and teaching service from a psychiatric social worker on the clinic staff. Some children's agencies having a large volume of work may wish to engage for themselves a psychiatric social worker for this educational and consultation service, but even in such instances there will of course still be need for the clinic to maintain its own psychiatric social service staff.

The Clinic as Teacher and Guide

If a clinic has been established in a community where the majority of social workers are not equipped with the needed understanding of mental and physical hygiene, we can sympathize with it and hope that it will see, as some clinics have already seen, that its function is primarily education as to the meaning and time-consuming nature of all case work. For such a clinic it is of utmost importance that the psychiatrist and chief of social service be good teachers even more than good technicians—that they be tolerant, patient, and willing temporarily to sacrifice ideal clinic practice to gradual education of the social agencies. If the clinic makes common cause with the agencies, explaining that success with cases handled

by its own social service staff is dependent not only on insight and good technique but also on a low case load, and if it succeeds in so interpreting case work that the agencies in time will be willing to secure workers with adequate equipment and enough of them to make it humanly possible to do their work well—then the clinic will have given to its community in that stage of its development the kind of service it needs. If on the other hand in its disappointment over the low standards of the agencies the clinic should withdraw from their sad plight and devote itself to the diagnosis and treatment of cases referred from sources not associated with the agencies, it may derive great personal satisfaction from the skilled workmanship of its staff but it will be missing an opportunity to reach indirectly numbers of cases which it cannot hope to handle itself. Because of the wide gap between its interpretation of case work and that of the rest of the community, and between its case load and that of the rest of the community, it may then be in danger of being thought ornamental rather than useful and perhaps of suffering even more severely because of the jealousy and inferiority feeling of the overworked and understaffed agencies. We question whether any one social organization, especially one as technical and expensive as a child guidance clinic, can long survive in a community whose general social standards remain very much below its own. Certainly it cannot operate as effectively as it wants to and as it should. For self-preservation, therefore, as well as to safeguard its own ideals of work, it would seem to be the part of wisdom for clinics, in communities whose case work standards are low, to devote themselves to pioneer educational work. Would they not be assisted in leveling the difference between their point of view and that of the agencies if national organizations, particularly in the

child welfare and family welfare fields, could send a teacher of case work into the agencies to assist from the inside in raising standards? Do not the clinics fighting the battle of all case work deserve this help from other fields?

The Problem in an Imaginary Community

But what shall we say to communities and agencies that have not already set up clinic service and that now wish to have it? Let us take an imaginary case. Here is a city of 250,000 population whose buildings and business projects indicate local pride, prosperity, and a spirit of progressiveness. Its case-working agencies include a family welfare society, subsidized by public funds, which hands out doles the amount of which is determined not by a budget based on the cost of living, but on the guesses of a committee of wealthy women and a staff of debutantes whose ages do not exceed twenty-five. There is a protective society which construes its work to be so confidential that for some cases it keeps no records at all and for those whose identity it is willing to entrust to paper, its records are in such a jumble that only luck and a good memory enable the worker to locate any given record when she wants it. This confusion in the filing system is accompanied by equal confusion in the case work. There is a child-placing agency which accepts babies with a minimum number of questions and places them for adoption in foster families whose histories remain as mysterious as those of the babies they so trustfully accept. There is an institution for children whose board of forty women is dominated by a sentimental autocrat who derives most of her emotional satisfaction in life from her control of this institution and the destinies of its hapless children. Although the institution boasts a staff member whom it euphemistically calls a case worker, her duties

are chiefly clerical and her judgment, such as it is, is constantly overridden by the dominant member of the board. There is a juvenile court whose judge, soon to be retired, has blocked progressive legislation and whose probation officer, thrilling over the sensational episodes in her work, finds time to record only the information called for on the police docket. The public schools are headed by a man who believes in corporal punishment, humiliation, and other tortures for the unlucky youngsters who cannot conform to its rigid system. There is no visiting teaching. The attendance work is carried on by an officer whose pace is retarded by his lumbago and the, for him lucky, fact that the law permits a child to be absent three days before it requires him to look into the matter. The health work among those not able to pay for private practice centers in a clinic whose medical staff attend so rarely that hospital internes, without supervision, are not only permitted but obliged to treat patients in all departments. The city is not yet in the birth registration area. Infant mortality, especially among the foreign group, is high, and respiratory, infectious, and nutritional diseases, even among children of wealthy families, are prevalent to a shocking degree. The whole scene is dominated by a Community Chest which has successfully raised enough money to carry on the limited programs with which the agencies are satisfied. Measured by even lenient standards, there is not one agency practicing creditable case work.

Can the Clinic Be Assimilated?

Should this community be encouraged to organize a child guidance clinic even though, having heard these magic words, it is anxious to taste this latest novelty in social work? Assuming that for the next two years it can raise \$25,000 to \$50,000

above its present budget, will greater benefit be derived from investing this sum in the already existing agencies, strengthening their staffs, both in quality and quantity, and broadening their programs so that the fundamental social needs of the community may be more adequately met? Just as a pediatrician withholds sweet potatoes and pork chops from the diet of a six-months-old baby, should we withhold full-fledged child guidance clinic service from some agencies and communities until their social digestive system is mature enough to assimilate it? This is not merely an academic question. Though the community we have described is a hypothetical one, it is similar to real communities that we have known and that have wanted a child guidance clinic and been willing and able to pay for one. Does not the mental hygiene field deserve the sympathy and backing of the other case-working fields when it advises caution in such a situation?

Case Work and Psychiatry Are Mutually Dependent

Let us return to our first concept as to the relationship that should prevail between case work and psychiatry. If it is true that case work, being concerned with personality, needs to use knowledge of physical and mental health day in and day out not on special cases, but on all cases; if it is also true that a mental hygiene clinic wishing to serve a community must offer its resources to the children's and other social agencies and use them as channels of education to large numbers of cases whom it cannot treat directly; then it seems clear that the interests of the two fields are interrelated so closely that one cannot fully advance without the other. Case workers cannot practice with full effectiveness without consultant service from a mental hygiene clinic nor can a clinic function, except lamely, without case workers with sufficient

grasp of their own field and sufficient knowledge of physical and mental health to assist in getting its message into the life of the community. These workers must not be merely those on its own staff but must include workers on the staffs of all the agencies dealing with people in trouble. Therefore, if we tell a community with a poor social program and low standards of case work that the kind of clinic service it needs is a limited service or none at all at present; that rather it should spend a year or two cleaning house, raising its agencies to at least a minimum level of effectiveness so that they can use a clinic intelligently and with a minimum of waste, are we merely delaying the spread of these valuable adjuncts to case work? Are we not rather paving the way for the clinic so that when it comes it will not find itself set down in an uncomprehending world? In general, will not the spread of effective clinic service be in proportion to the spread of effective case work? Therefore, is not a mental hygiene program advanced by every effort made in other fields to educate case workers, to raise the level of their practice, to lower case load to the feasible carrying point? Should we not be looking forward to the day when there will be no distinction between psychiatric and non-psychiatric case work—when the lessons of psychiatry will be absorbed by all case workers, when the conditions of practice will be favorable to high standards and when, therefore, clinic service, limited so far as the agencies are concerned, primarily to consultant service, may become like the hub of a wheel using social agencies like spokes to carry its help to the large number of people that constitute its circumference?

THE CHILD GUIDANCE CLINIC AND THE PROFESSION OF PARENTHOOD

BY FANNY ROBSON KENDEL

President, Ohio State Parent-Teacher Association

THE modern city or suburban home presents a sharp contrast to the Puritan home, or the home of the pioneer family. In the early days the combined efforts and energy of the whole family were necessary for the mere maintenance of life, and rigid discipline was needed in the home in order to accomplish this result. This living and working together created a strong feeling of unity in the family group, and the members knew each other well during their whole life, and from this knowledge came an understanding of motives and actions. Customs and family traditions were easily assimilated by the younger generations.

Homes Old and New

The contrast between the early American home and the modern home is often presented in criticism of present-day methods and children. We must admit that the stern, long-faced Puritan parent was at least consistent and only tried to live up to the standards which had been set him in his own youth. If he did not spare the child, neither did he spare himself. He did not require attendance at church on the part of the children for a four-hour session and go off and play eighteen holes of golf himself.

Why should he not be the law-maker in his own household? That, in his day, was one of the requisites of marriage

and his duty. He had seen it exemplified in his own home as a child. His patterns of behavior included no freedom for himself or his children.

The modern family in a modern home will know many changed conditions of living, even in one generation. A boy, brought up on a farm or in a simple home in a small town, may begin his married life in a city apartment and later acquire a palatial suburban residence.

These changing conditions call for expert knowledge of standards of living in relation to income. The social isolation of a family in a city makes it necessary for man and woman to make many adjustments. Easier housekeeping with modern conveniences, and compact living and working quarters, bring many leisure hours to the woman. Instead of living and working together, we find a family scattered far and wide in search of recreation.

Successful family life is a series of adjustments. First of all husband and wife have to plan their own life together. Many young girls who have never completely adjusted themselves in any group are suddenly called upon to adjust themselves to a husband, and then as suddenly become a person of authority over a household and a family.

Men who have attended military school as boys know what military discipline means. Many lines of business offer the same lines of discipline to a man, but to a girl or woman, often the first military discipline she experiences is when she is called upon to feed a baby every four hours, and administer orange juice and water in between times.

Modern city life has fostered the small family, and the mother often expends time and attention on one child which should be given to several children of different ages. The modern father is apt to delegate the bringing up of the chil-

dren to the mother, and with most of his work done outside of the home, he may well feel that this should be her part in making the home. All of these influences make it possible that a child may receive a larger share of attention and direction than he should for his own good. The only child in a home can become a self-reliant individual only if the parents exercise great care and understanding.

The Self-Satisfied Parent

Classifications are dangerous, but one can easily see two types of parents in modern times.

The smug, self-satisfied parent is one who will admit no questions as to the rightness of his actions at all times in relation to the training of his children. His mind is closed to the possibility that conditions are changed. The father desires to have his son acceptable to the father's group, but does not see the necessity of having his son acceptable to the son's group. He will not allow that son to follow any other line of conduct than that he followed in his own youth. Especially do these fathers fail to understand the freedom that has come to the young girl. It is perfectly possible for a "good girl" to come home alone, or even with a young man, at a very late hour.

The feeling that children are property, to be disposed of as the parents wish, is still strong in some men and women. This attitude of mind will foster a feeling of bitterness on the part of the father when sons and daughters choose their own line of conduct. The claim is made that the children show ingratitude for all that has come to them from father and mother. Sometimes it takes a serious case of delinquency, which has to be dealt with by the juvenile court, to arouse

this type of parent into some other line of behavior. Just because a man and woman suddenly become parents is no reason why all self-improvement and self-education should cease. They should continue "growing up," and study adjustments and broader fields of service, in order to keep up with their children, who are always a generation ahead of their parents.

The Parent Who Seeks Help

The seeking parent is the other type, and while many wrong leaders may be followed, there is at least an open mind and a desire for guidance manifested. Help is sought far and wide in this extremely difficult job of being a good parent in a modern home.

This type of parent has many opportunities in these days, for increasing his knowledge of how to bring up his children. The study of child psychology has been interesting students and teachers for many years, and it is fast becoming an exact science. Modern research has shown many instances of the effects of repression and inhibition in childhood. Some parents with the desire to give more freedom than they have known as children, go to the opposite extreme, and a child may grow up with the idea that no self-restraint is necessary and that no laws need be obeyed. Many studies of types of behavior have been made and it is interesting to note that mothers, teachers, and the mental hygienist differ very much as to what is desirable and what is undesirable behavior on the part of the child.

The mother's standard is made usually from her own emotional reaction to noise, confusion, or disorder in the home. In other words, it may not be so serious an offence to cut

paper in the dining room on Thursday as it is on Saturday, since Friday is cleaning day and the house must be kept in order for Sunday.

The teacher's standard relates to order and discipline in the schoolroom. Self-control and self-restraint are valuable attributes of character, but often may be overemphasized in the schoolroom merely to "keep order," without any reference to the health or needs of the child.

The mental hygienist has seen that certain types of conduct are successful and healthy in an adult: he should be able to support himself adequately, be happy, and should be acceptable to his particular group. It has become necessary to decide what behavior in childhood will lead to this desired end.

How the Clinic Helps Parents

The wisest assistance in the solution of problems in child behavior is found in the child guidance clinic. Fortunately the word "clinic" is only used in connection with expert knowledge, and it is hoped that this may long continue to be the case. Modern nursing and surgery have developed to a high degree the objective method of dealing with physical ills, and the same method has been followed in all proper guidance clinics.

Here the trained psychiatrist, psychologist, and social worker bring the experience gathered from hundreds of cases of children to bear upon the study of one more case. An unemotional atmosphere is created, and causes of misconduct can be traced to the right source. No two cases are ever exactly alike, or receive identical treatment, but of course the experience gained in handling numerous cases is helpful and suggestive for the solution of another problem.

The child guidance clinic has rendered a great service to

the modern home by placing the responsibility of child training upon the father and mother, precisely where it belongs.

This is indeed a hopeful sign, as so many things have been taken out of the home, with the growth of modern city life, that it has become a topic of discussion as to what is the province of a home. A home with parents and children in it will always have duties and responsibilities that cannot be given to anyone else, as long as life shall last, and while this particular group remains together as a family.

The child is in no way responsible for being in that home. Too often he is only the unwelcome result of a moment of passion on the part of the parents; but interest in the growth and development of a child will give parents increased opportunities for cooperation and adjustment and there may be built, even on this weak foundation, a real home.

Parents whose life is conducted along the most modern lines, and whose children are planned for as carefully as the meals and the furniture, sometimes give too much attention to the child, and make many mistakes in handling him.

Fortunately this type of parent is usually the "seeking" type and will accept guidance from child experts as from the obstetrician and the pediatrician.

Sometimes a father who has never taken an active part in the training of the children will hear a talk on "Child Training" at his favorite luncheon club. It is quite possible that the only point retained may be "Give the child freedom that he may have self-expression." This idea carried back into a well-regulated home may cause disaster, because of disagreement between the parents. Only frank discussion and agreement as to standards will ever bring harmony in action. A certain father was once reproaching the mother for not upholding him in his commands to the children, and after rather a

heated discussion it was found that the father expected immediate, military obedience to a command, and the mother was trying to train habits of thought and action that would guide the boys when they in turn were training their own children. A successful compromise was made, and both parents were able to agree on a certain type of acceptable behavior from the boys.

It has been shown by trained observers that the relationship existing between elements in the individual and his environment makes for mental health in the child. The parents control this environment exactly, as long as the child is in the home, and this makes it all the more necessary that one should have the right knowledge of the proper environment for a child.

Education of the child goes on twenty-four hours in the day, and home, school, and street are the centers. Parents are responsible for what happens in these places. Although the modern school curriculum now contains much that formerly belonged in the home, the parents are responsible for having the children attend regularly, for their attitude toward their school work, and for their physical condition.

The correct training of a child must include education in self-expression and education in self-control. School offers a great opportunity for the latter, as self-expression is acceptable only along certain well-defined and prescribed lines. The home therefore should offer every opportunity for self-expression. Freedom without license should be taught, and self-control, through thoughtfulness and consideration for others.

When there has been no training or discipline in the early years of childhood, there is much adjustment necessary on the part of mother and child when the time comes to enter

school. Teachers find the first grade the most difficult, as the children have not learned to adapt themselves to a group, and there are no suggestions from another professionally trained mind about the proper placement of these children.

A child that has been "babied" in the home has great difficulty in any grade. As he learns independence of action, the mother in turn has to readjust herself in relation to the child.

Growing up is a process of adjustment on the part of the child to the many persons who are over him in an authoritative position.

Child guidance clinics offer the most modern type of service to parents in dealing with misconduct in childhood. Proper guidance may prevent delinquency, and there may come a time when clinics will be held for normal parents of normal children who wish knowledge of how to help their children grow in a normal way. Will such a clinic be interesting? And how could results be tabulated? Children may thus be prevented from becoming delinquents and may become happier and more efficient adults.

A Parent's Impressions of Clinic Methods

It has been my privilege to attend rather regularly the open staff conferences held by a child guidance clinic, and the cases presented, and methods of handling them, have left some very definite impressions on my mind.

In the first place, it is most helpful to know that many wise men and women are giving individual attention to a little child, in order that he may have help in adjusting himself to life. It shows most convincingly that all life is valuable and can be trained to give service.

There is always a hopeful atmosphere created at these conferences. Even a tragic situation can be presented in an ob-

jective manner, and no emotional reaction obtained. Many situations have an amusing side, and encouragement and signs of improvement in conduct are always noted and commented upon.

The open staff conference, at which psychiatrists, psychologists, and social workers thoroughly discuss the problem in hand from all points of view, offers a great opportunity to the parent to hear presented a case of another child, in an objective way, which carries with it a conviction of "fair play" both for the child and the parent. The whole process of finding the reasons for the child's misconduct can be followed, and some of the causes located. Then follows unconsciously the placing of the responsibility right where it belongs. A mother may feel the father, teacher, and child are all to blame for the misconduct, but it can be shown by comparison that her own attitudes and reactions have an important part in the situation.

A situation that has caused bitter recriminations and arguments between a father and mother may give rise to an honest laugh when presented from a psychological standpoint. Almost any given situation can be understood when a sense of humor enables one to look at it in an objective manner, as an incident to be told someone else.

An open staff conference can demonstrate to any parent or teacher that goodness and badness are largely our own attitudes toward the child; that we find just what we look for. One can learn from these meetings how different each child is from every other child, and how necessary it is for us as parents to realize this in planning the home training. Two parents are needed for the right home training, for this should represent an agreement on standards of conduct. The clinic has several different people all studying the same case,

or child, but the treatment is based on the agreement of all. It is never one person saying "I think" but "we agree."

The visitor at a clinic conference, observing the various plans suggested for the treatment of cases, readily comes to see the necessity of community life and community betterment, from the standpoint of his own social life in a city. The Playground and Recreation Association of America¹ has shown through its studies that 43 out of 100 neighborhoods have most inadequate recreation facilities. This leads to corner "gangs" instead of boys' and girls' clubs. Cooperation between the clinic and social agencies in a neighborhood will often result in placing a boy or girl in a social club under proper supervision, and the mother may find definite help in a parent-teacher association or some church organization.

In looking over a report that covered two years' work of a child guidance clinic, the writer was impressed by the number of cases that had come to the clinic from the parents themselves, and also by the large number of single lectures and courses of lectures that had been given before groups composed of parents. The direct benefit of this upon the child life of that city can never be estimated, but it shows most encouragingly that there are "seeking parents" and that they know where to look for help.

Value of Staff Conferences to Parents

As a possible addition to the service a child guidance clinic could render a community, the suggestion might be made that, if possible or practical, the parents whose children are being studied as cases should be required to attend a class of instruction, or even an open staff conference, at stated times. It would help the parents to hear the presentation of cases

¹ Since 1931, National Recreation Association.

similar to their own, and it might remove a slight stigma attached to attendance at the clinic to see the neighbor from the next block, who supposedly had such "lovely children," also in attendance. Round table discussion groups might also be formed.

As a further development of the kind of service the clinics render to the home, someone has expressed a hope that the time will come when colleges, and even high schools, will offer adequate courses in mental hygiene so that the future parents will have some basis for adjustment to each other and knowledge of how to meet situations that arise in trying to train their children. They wish this child to become an adult who will "be pleasant to live with" and who will face life with the clear vision of an understanding mind. Toward this ideal the child guidance movement is making a new, practical, and definite contribution.

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